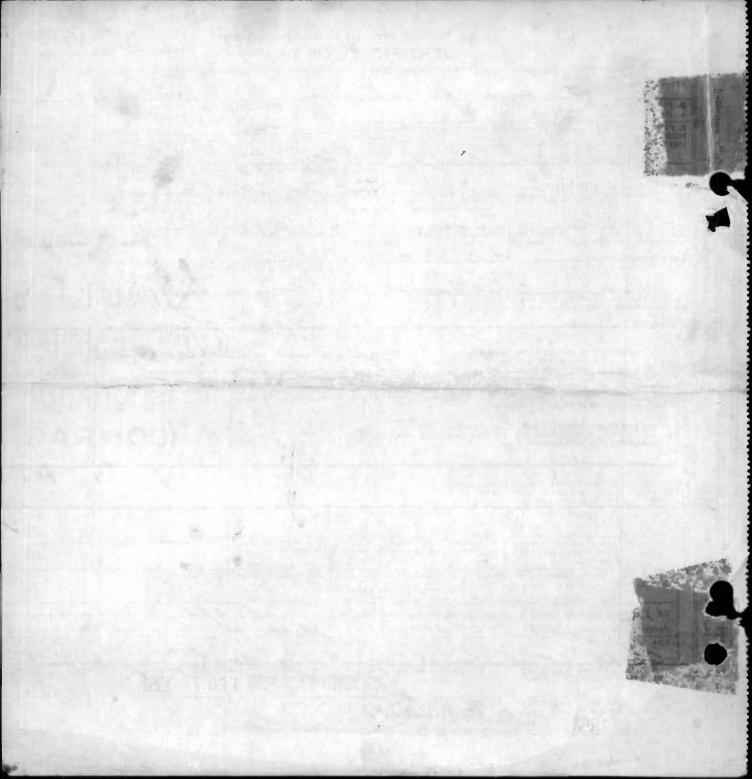
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| PL | ILY, WITH | UNFADING INK | C. Every | item of i | information | shor 2 be | efully supplied. | The |
| ecially | important. | ecially important. Physicians: please write the causes of death clearly and leably. | se write th | he causes | of death cle | early and he | Stoly | 5: |

51 1501 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION Yrs. ADDRESS (If rural, give location) Mos. Eastern c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) It Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. WIDOWEY 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) WHAT COUNTRY? INDUSTRY owntarm rucht tarme 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 042 ecca 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 8-14 . 195 | that I last saw the 22. I hereby certify that I attended the deceased from-1950 to. deceased alive on 2-14-, 1951, and that death occurred at 9 _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE, SIGNED 24A. BURIAL CREMA-24B. DA 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) eno Burla DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

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| 44 | 51 1503 BALTIMORE CITY H | EALTH DEPARTMENT 51 Registered No. | 1502 | | | | | | |
| The | BIRTH NO. CERTIFICAT | E OF DEATH Registered No. | | | | | | | |
| ŗ | 1. NAME OF DECEASED (Type or Print) | 2. DATE OF | | | | | | | |
| lied | 3. PLACE OF DEATH: | DEATH 2 | titution; residence | | | | | | |
| idns | B. FULL NAME OF (If not in hospital or institution, give street address of | A. STATE B. COUNTY | before admission) | | | | | | |
| lly s | HOSPITAL OR location | c. CITY OR TOWN (If outside corporate limits, v | rite RURAL and give township) | | | | | | |
| efu bly. | Mary Hosp | o. STREET ADDRESS (If rural, give location) | | | | | | | |
| | Length of stay in Baltimore | 122 20. Oarres | 4 | | | | | | |
| beand | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify | 8. DATE OF BIRTH 9. AGE un years I und last birthday) Month | or I Year If Under 24 Hours Bin. | | | | | | |
| rly | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12 | CITIZEN OF | | | | | | |
| n sl | work done during most of worklog life, even if retired) INDUSTRY A C. R. R. | | WHAT COUNTRY? | | | | | | |
| ath | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | | |
| NDING information s of death cle | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL | Rques Hadge | | | | | | | |
| BINDIN of infor | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INTEGRMANT | RESS | | | | | | |
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| RV WI | ANTECEDENT CAUSES | | | | | | | | |
| RESE INK. please | Z (6) | | | | | | | | |
| rh | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | | | | | | | |
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| MARGIN UNFADINC Physicians: | OTHER SIGNIFICANT CONDITIONS CON- | | | | | | | | |
| 1 54 | TO THE DISEASE OR CONDITION CAUSING IT. | | 20. AUTOPSY7 | | | | | | |
| IT. | | | YES NO D | | | | | | |
| c, WIT | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. | io or 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore City, give interpretation) 21C. WHERE DID (If in Baltimore Ci | e exact location) | | | | | | |
| Gin | 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR | RED 21F. HOW DID INJURY OCCUR? | | | | | | | |
| | m. WHILE AT NOT WHILE AT WORK AT WORK | | | | | | | | |
| | 22. Thereby certify that I attended the deceased from | | hat I last saw the | | | | | | |
| VTE es | | rred at L: //a.m., from the causes and on the | date stated above. | | | | | | |
| | Charles R. Suland M.O. | marge Broke. | 2/2/5/ | | | | | | |
| PLEASE correct Re | TION REMOVAL (Specify) | ERY OR CREMATORY 248, LOCATION (City, town, or OPKINS MEDICAL SCHOOL FEB 7 1951 | coupty) (State) | | | | | | |
| LE | DATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR A | DDRESS | | | | | | |
| A S | TR 1 61951 + Line to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Commissioner of Resilia | | | | | | | |
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF PEARL PHILPOT January 28, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A Baltimore City, Maryland Maryland B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 707 W. Favette Street c Length of stay in Baltimore Days 6. COLOR OR RACE AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 7. SINGLE, MARRIED AGE (In years 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) White Female 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 322,0 CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute alcoholism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. W U 20. AUTOPSYT 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION NO X 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21B, PLACE OF INJURY (e. g., io or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF

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UNFADING Physicians:

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information

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

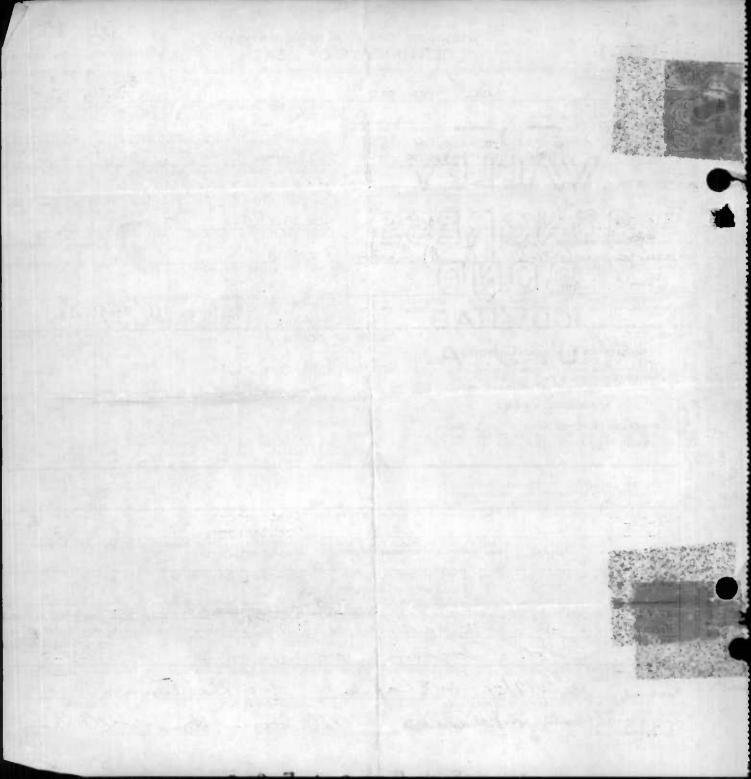
| P | - | D-144381 | i e | BAI | | | ALTH DEPARTMENT OF DEATH | | egiste | 51 red No. | 1504 |
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| No. of Lot, House, etc., in case, and the case, are the case, and the case, and the case, and the case, and the ca | 1 NAME OF DECEASED (Type or Print) John Thomas Petty | | | | | | | 2. DA OI DEA | _ | Feb.1 | 4,1951 |
| ilqqu | A, | Baltimore C | ity, Maryland | pital or institut | ion, give street add | ress or | 4. USUAL RESIDENCE | В. | COUN | | itution: residence before admissio |
| fully supplied. | HC | SPITAL OR STITUTION | Balt | imore Cit Eastern | v Hospita | ation) | c. CITY OR TOWN Baltimore | | orporale | e limits, w | te BURAL and gi |
| show be seenly and soly | - | Length of st | ay in Baltimore | | | Yrs. Mos. | D. STREET ADDRESS 316 S. East A | | | on) | |
| | 5. | SEX | 6. COLOR OR RAC | E 7. SINGLE WIDOW | 55 Yrs. E. MARRIED. ED, DIVORCED (| Days | 8. DATE OF BIRTH | 9. AGE last | (In yea | ars Unde y) Months | r l Year H Under 24 Hou Days Hours Min |
| | 10 | A. USUAL OCC | White CUPATION (Giveking working life average) etig | lofi 108. KIND | | OR ATRY | Oct.23,1867 11. BIRTHPLACE (State | | 83 | | |
| NG rmation death cle | 13. FATHER'S NAME | | | | | | Virginia 14. MOTHER'S MAIDER | N NAME | | | |
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| of of ises | (100 | 10 / | | acci of service) | SECURITY | | Records: 491 | timore 40 Easte | rn A | Venue | itals |
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| ESER INK. lease | CATION | DISEASES RISE TO TH | OR CONDITIONS IE ABOVE CAUSE () ING CONDITION | USES , IF ANY, GIVIN A) STATING TH | (B) | •••••• | | | | | |
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| Or | ME | 210-TIME (I | Month) (Day) (Yes | | 2 IE. INJURY OC | WHILE | | URY OCCUP | ₹? | | |
| re Pi especi | | | ve on 2-14 | ttended the | deceased from. | | -18 , 19 50 to red at 8:30p m., fro | 2-14 m the eaus | es and | 19 51 , th | hat I last saw t |
| PLEASE WRITE PI | 7 | 23A SIGNAT | 4.8 | Che | 3-22 M. | 0. 1 | | enue | -285 | | 3c. date signe 2-15-51 |
| ASE, | 24A: BURIAL, CREMA: 24B DATE TION REMOVAL Specify: 44C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town Drugs) Ballimore | | | | | | | | | town, or c | county) (State |
| PLE | LO | TE RECEIVED | BY REGISTRA | R'S SIGNATU | RE | | 25. FONERAL DIRECTO | 0R 11 | | AE | DDRESS |

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DATE RECEIVED BY LOCAL REGISTRAR

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n the date stated above. 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern 2-15-51 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS



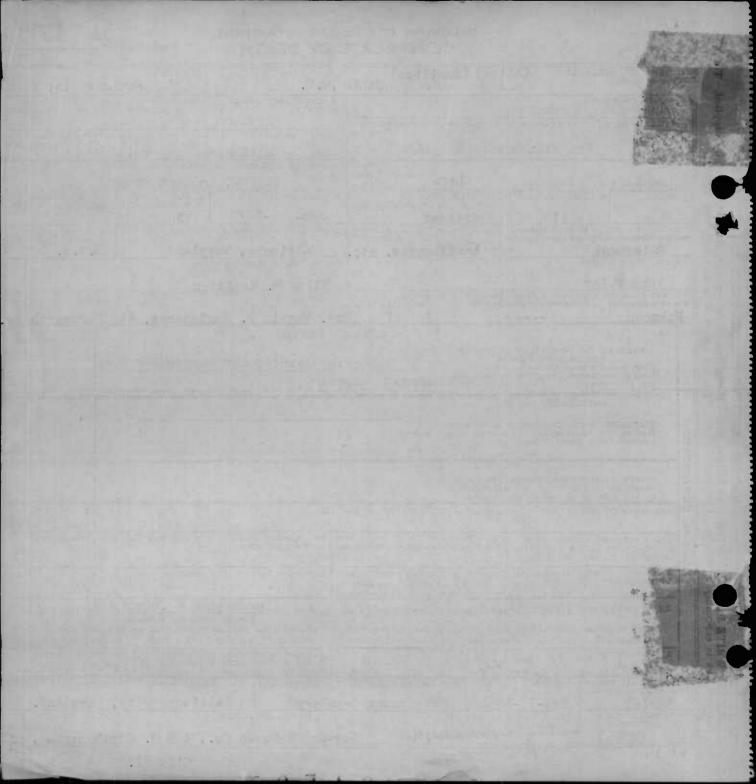
INTERVAL BETWEEN ONSET AND OEATH 20. AUTOPSY? NO X (If in Baltimore City, give exact location) 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23c. DATE SIGNED Feb. 15, 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Baltimore City. Feb-17-1951 Greenmount Cemetery Maryland. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR winder of you / You all the Stewart & Mowen Co., 108 W. North Avenue. VS 151 4903W City #1. 093 d

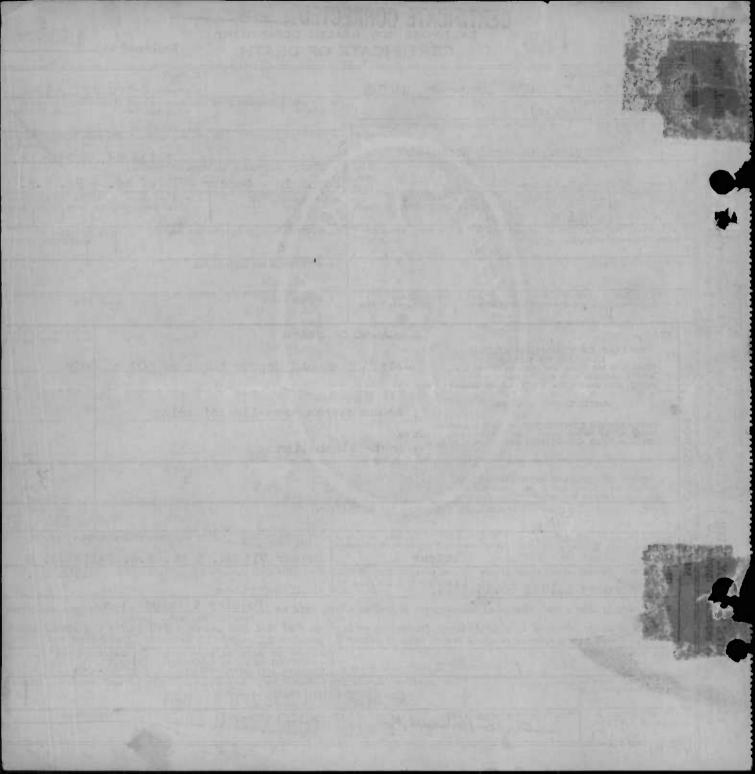
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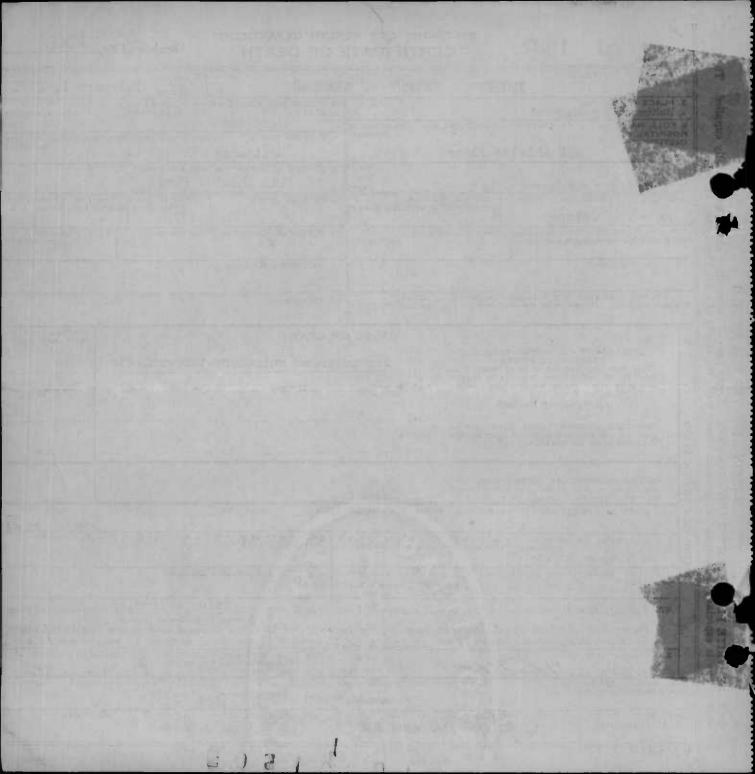




FOR

RESERVED

MARGIN



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO 1. NAME OF DECEASED 2. DATE OSWALD SIES NHAAR (Type or Print) January 30, 1951 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A STATE A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give South Baltimore General INSTITUTION ully y. 000 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years) H Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male White clearly 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108/KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) MIG. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. N INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH Arteriosclerotic Cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. CE 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION ND DICAL VES important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT! AT WORK WORK inspection & Ino. 22. I ecrtify that I took charge of the remains described above, held an .. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE MEDICAL INVESTIGATOR 74EB 6 1951 24A. BURIAL, CREMA-24B/DATE 24c. NAME OF (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE

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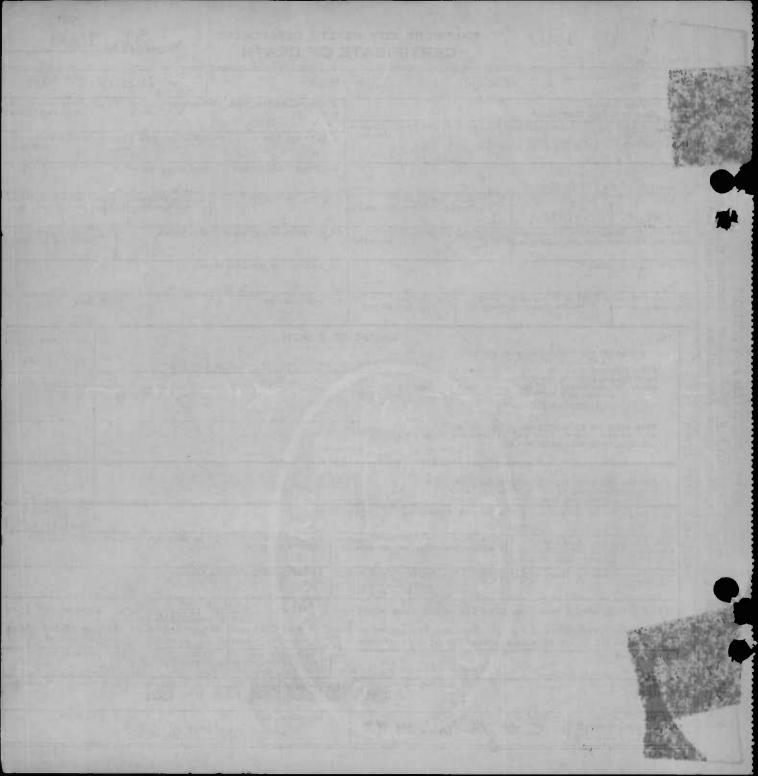
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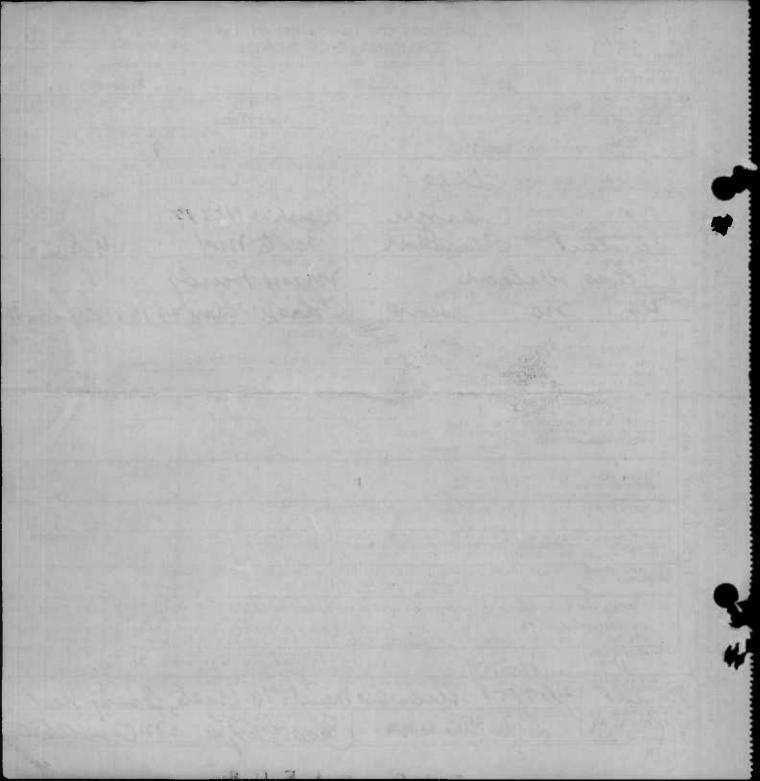
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| | FULL NAME | OF (If not in hosp | ital or institut | ion, give street address or location) | | (If out | side corporate lir | -1414- 7 | DIIDAT A -i |
| | ISTITUTION | 5 | 11 | | C. CITT OR TOWN | | side corporate in | - O | township |
| | FRANI | Win Square | a /4 . m | Yrs. | D. STREET ADDRES | - | al give location) | 0 0 | |
| | Length of s | tay in Baltimore | | Mos. | (7) 2. | | · · | | |
| 200 | SEX | 6. COLOR OR RACE | | Days E. MARRIED. | 8. DATE OF BIRTH | | . AGE (In years) | | |
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| 10 | A. USUAL OC | CUPATION (Give kinds | | OF BUSINESS OR | 11. BIRTHPLACE (St | | 47 vrs | 12. CI7 | TIZEN OF |
| wor | 11 | of working life, even if retired | 1) | INDUSTRY | | | | WH | U.S.A. |
| 13 | FATHER'S N | | 1 .0 | 100 2 | Charles 14. MOTHER'S MAIN | DEN NAM | . W. Va. | | J. D. A. |
| | Alhom | + (| | | Rebecca Green | | | | |
| 15 | . WAS DECEASE | t. Green | ED FORCES? | 16. SOCIAL | 17. INFORMANT | or cell | | ADDRESS | 242 |
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| | injury or | complication which | caused death | .) DUE TO | | | | | |
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| EDI | HOMICIDE | (Specify) | about home, | arm, factory, street, office bldg., | etc.) INJURY OCCUR | 7 | | | |
| Σ | | (Month) (Day) (Yea | r) (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID 1 | INJURY O | CCUR? | | |
| | OF INJURY | | m. | WHILE AT NOT WHILE | | | | | |
| | 22 I harah | y certify that I a | | | -10 1951 | to 2/1 | 10 | SI that | I last saw th |
| | deceased a | 2/.2 | | and that death occur | | | | | |
| | 23A. SIGNA | | 1.1 | | 23e ADDRESS) | | // | | TE SIGNED |
| | - | Upus | llor | W. D. | Il. Hour | W S | top. | 2 | -12-51 |
| 2 | 4A. BURIAL, ON REMOVAL (S | CREMA 248. DATE | | 24c. NAME OF CEMETE | RY OR CREMATORY | 24D. LOC | ATION (City, tov | wn, or count | ty) (State) |
| | urial | 2/16/5 | 57 | Mt. Calvary | | A. A | County | . Ma. | - r |
| | ATE RECEIVE | | R'S SIGNATU | | 25. FUNERAL DIRE | CTOR | | ADDR | ESS |
| | ID 1 Choi | | Milli | auth Mills | hastar | red 5 | 12 N .C | arroli | lton Av |
| - | VS 150 |) | | | | | | | A |
| | 11-11-11 | | Cons. No. | 5. 18th 4 | | | | 093 | 3 9 |

V S 151

| 11 | +25 BAL | TIMORE CITY HE | ALTH DEPARTMENT | 54 | 1.510 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| 5 | 1RTH NJ 510 | CERTIFICATI | E OF DEATH | Registered No. | TOTA |
| | NAME OF DECEASED (Type or Print) EDITH | WILSON | 2 | OF Februs | ry 12, 1951 |
| | PLACE OF DEATH: Baltimore City, Maryland | | 4. USUAL RESIDENCE (When | | |
| H | FULL NAME OF If not in hospital or instituti OSPITAL OR NSTITUTION | on, give street address or location) | Maryland c. CITY OR TOWN (If out | tside corpodate limits, y | nite KURAL and giv |
| | Provident Hospital | | Baltimore | 15-6 | township |
| С | Length of stay in Baltimore | Yrs. Mos. Days | D. STREET ADDRESS (If run 1837 Lorman | | |
| 5 | Female Colored 7. Single WIDOW | MARRIED, ED, DIVORCED (Specify) | March 22 1933 | last birthday) Month | er t Year If Under 24 Hours S. Days Hours Min |
| 10 WOI | DA. USWAL OCCUPATION (Givekind of 10B. KIND k done during most of strking life, for if retired) | OF AUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign) | | CITIZEN OF WHAT COUNTRY |
| 1: | S. FATHER'S MAME | auto C | 14. MOTHER'S MAIDEN NAM | E . | AC |
| | Chow Wilson | | Mary Fres | by | |
| (Y | M. nor unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17 INFORMANT | ADDI | RESS |
| CATION | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, ctc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. | (A) | nced pulmonary tube | erculosis | |
| ERTIFIC | OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | D | | | |
| L | 19A. DATE OF OPERATION 19B. MAJOR | FINDINGS OF OPERA | ATION | | 20. AUTOPSY? |
| EDICAL | 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. | CE OF INJURY (e. g., in rm, factory, street, office bldg., et | or 21c. WHERE DID (If in INJURY OCCUR? | Baltimore City, give | exact location) |
| Σ | OF INJURY | 1E. INJURY OCCURRE HILE AT NOT WHILE WORK AT WORK | D 21F. HOW DID INJURY O | CCUR? | |
| | 22. I certify that I took charge of the r the evidence obtained by said Autor and death in my opinion resulted fr | remains described at | Autopsy, Insp nquiry, find that said deced | pection or Inquiry ased died on the d | lay stated above |
| | 23A. SIGNATURE William World 6 | м. | 23B. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA D. MEDICAL INVESTIGATOR | MINER Z 23c. C | • 13, 1951 |
| 7 | Sund 2/17/51 | aluelis! | hemil Ph Bal | Counte | ounty) (State) |
| L | ATE RECEIVED BY REGISTRAR'S SIGNATUR | RE CONTRACTOR OF THE PARTY OF T | 25 FUNERAL DIRECTOR | 572 Pag | DRESS |

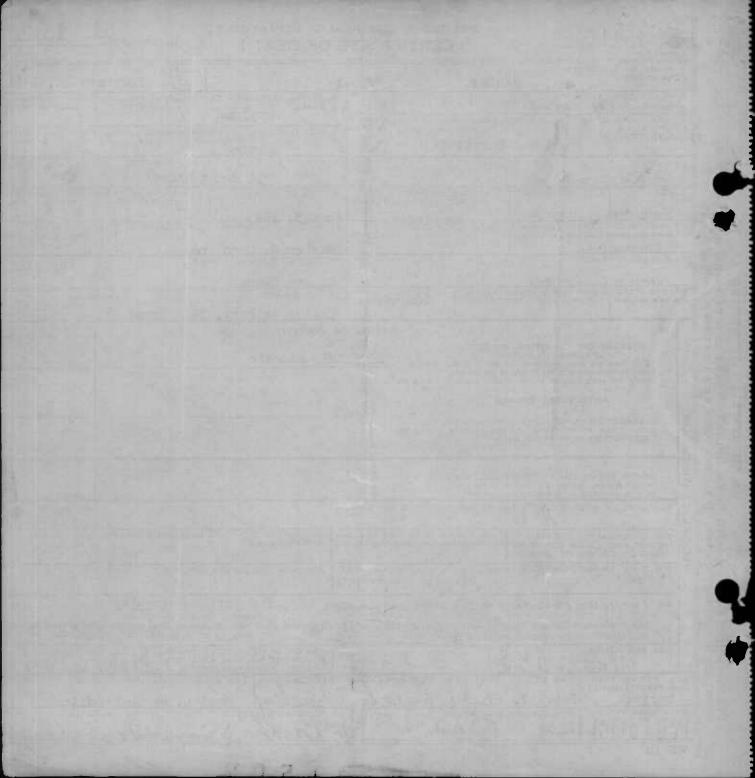


| BALTIMORE | CITY | HEALTH | DEPARTMENT |
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| CERTI | FICA | TF OF | DEATH |

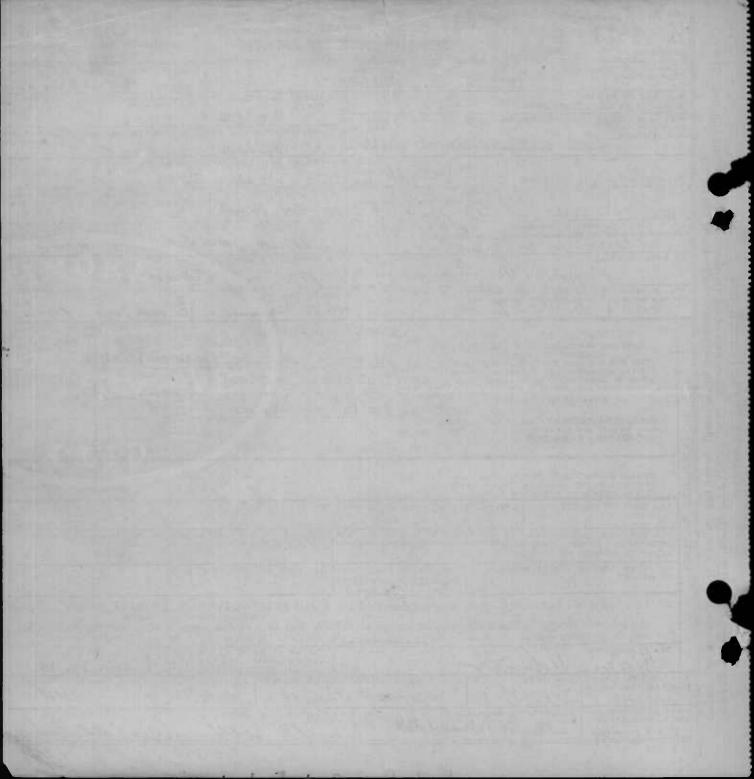
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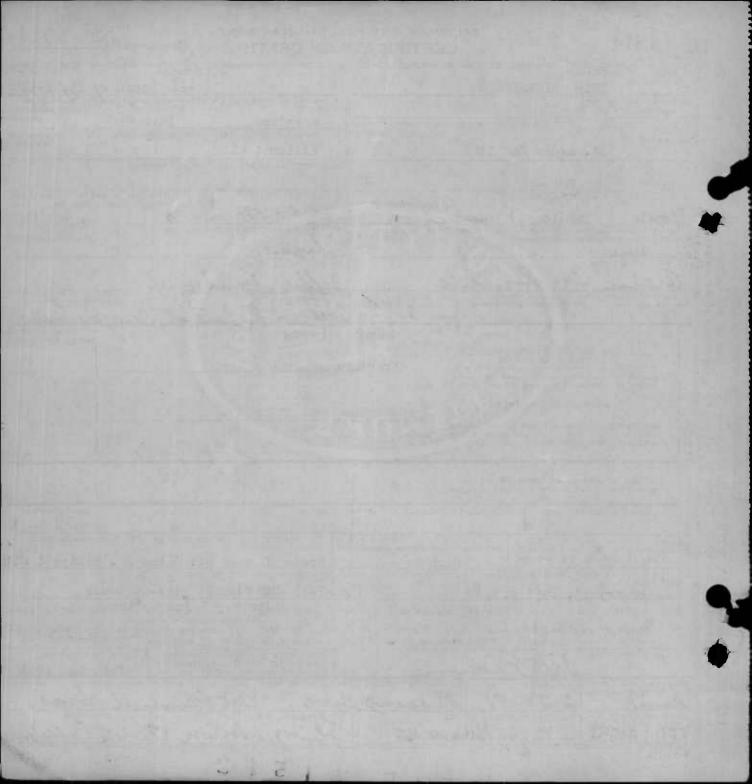
| BIRTH NO. | | | OLIVIII IO/VII | - OI DEATH | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------|--------------------------------------|-----------------------------------|----------------------------------------------------------|--|
| 1. NAME OF C (Type or Print) | | ARTHA | ANTHON | V | 2. DATE OF Feb | ruary 15, 1951 | |
| 3. PLACE OF C | DEATH: City, Maryland | | | 4. USUAL RESIDENCE | E (Where deceased lived, I | | |
| B. FULL NAME HOSPITAL OR INSTITUTION | OF 'f not in hospi | | ion, give street address or location) | Marylai | (If outside corporate lim | its write RURAL and give | |
| | TTOVEGENO | Mobbio | Yrs. | Baltime D. STREET ADDRESS | | | |
| | stay in Baltimore | | Mos. Days | | runt Street | | |
| 5. SEX Female | 6.COLOR OR RACE | WIDOW | E, MARRIED, /ED, DIVORCED (Specify) | June 3, 1923 | 9. AGE (In years last birthday) M | If Suder 1 Year If Under 24 Hours Inches Days Hours Min. | |
| 10A. USUAL OC work done during most | CCUPATION (Give kied of t of working life, even if retired) | 10B, KINI | POF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State | or foreign country) | 12. CITIZEN OF WHAT COUNTRY | |
| Housew 13. FATHER'S | | | | Marion N. Car | | | |
| | | | | 14. MOTHER'S MAIDER | N NAME | | |
| Warren 15. WAS DECEAS | Garrison SED EVER IN U.S. ARME | D FORCES? | 16. SOCIAL | Geneva Owens | | | |
| (Yes, no or unknown) | (If yes, give war or date | os of service) | SECURITY NO. | | | ADDRESS | |
| 18. | 21×. | | CAUCE | DESUGE ANTHON | y. 1914 Brunt | INTERVAL BETWEEN | |
| OTHER STRIBUTION | ANTECEDENT CAUSES OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II SIGNIFICANT COND G TO THE DEATH, BUT | IF ANY, GIVIN STATING THAST. ITIONS CON NOT RELATE | (C) | | | | |
| | OF OPERATION 1 | | FINDINGS OF OPER | ATION | | 20. AUTOPSY? | |
| 7 | 0 | | | | | YES NO X | |
| UNDERLYIN | NAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH. | about home, f | CE OF INJURY (e. g., in arm,factory,street,office bldg.,e | 21c. WHERE DID to.) INJURY OCCUR? | (If in Baltimore City, | give exact location) | |
| | (Month) (Day) (Year | | 21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK | 21F. HOW DID INJ | URY OCCUR? | | |
| 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day sta and death in my opinion resulted from: natural causes Z, accident , suicide , homicide , undetermin 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER | | | | | | | |
| 24A. BURIAL, | Illian Votor | TXX | M. | D. MEDICAL INVESTIG | GATOR | eb. 15, 1951 | |
| TION, REMOVAL (S | Specify) | 3053 | 001 | RY OR CREMATORY 24 | | | |
| DATE RECEIVE | Feb. 17, | S SIGNATU | Church | 25. FUNGRAL DECT | Marion, North | Carolina | |
| FFB 1619 | 351 houte of | 7. Millia | MAN, ME | Ja Brooks, | Ring gold/4 | 163 M. Carry | |
| V S 151 | | | | 500 | 04 | 46 | |

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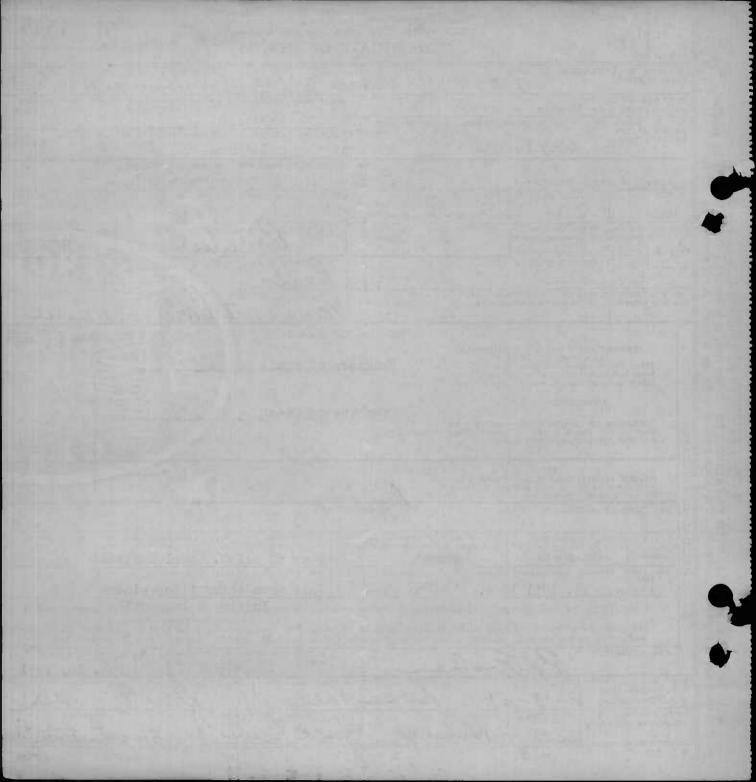


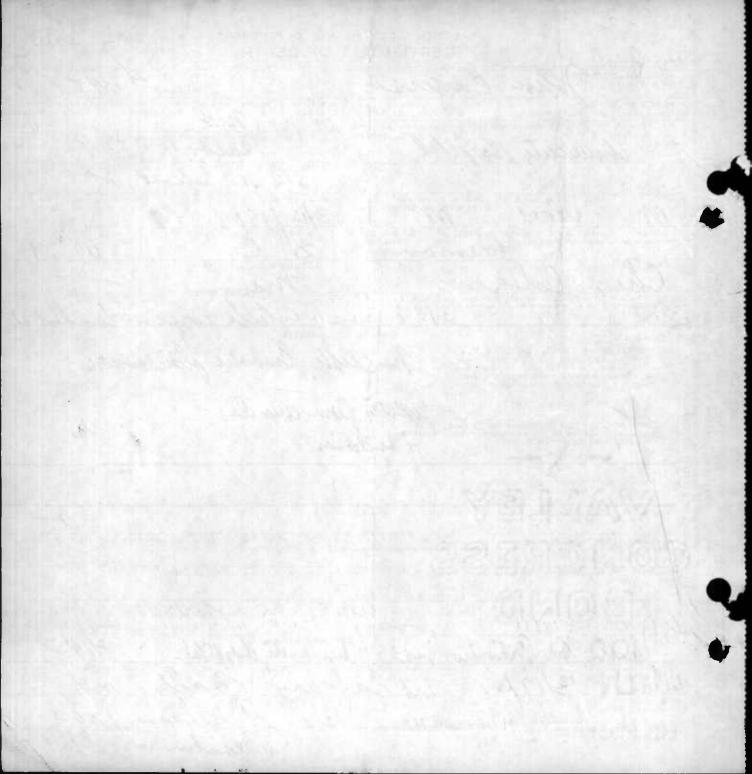


51 1515 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) JOSEPH STANDLER DEATH February 15, 1951 efully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write LURAL and give INSTITUTION Mercy Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 2327 Reisterstown Road 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. Male White naurie 1QA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY information she sof death clear WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME yman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. jo INTERVAL BETWEEN 902.6 CAUSE OF DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (A) Fracture of skull (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Crushing of chest DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p RTIFICA MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT $\overline{0}$ 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT WITH LY, WITH important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH vard Rear of 411 N. Charles Street 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY February 15, 1951 10 a.m. Fell from third floor window 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from P Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident \boxtimes , suicide \Box , homicide \Box , undetermined \Box . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER X 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 244. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Herral DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 151

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(JAN, REMOVAL (Specify)

LOCAL REGISTRAR

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markete

Arteriosclerotic cardiovascular disease 20. AUTOPSY NO X (If in Baltimore City, give exact location) Autopsy, Inspection or Inquiry 23c. DATE SIGNED OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 1/12 FUNERAL DIRECTOR ADDRESS RECISTRAR'S SIGNATURE

before admission)

12. CITIZEN OF

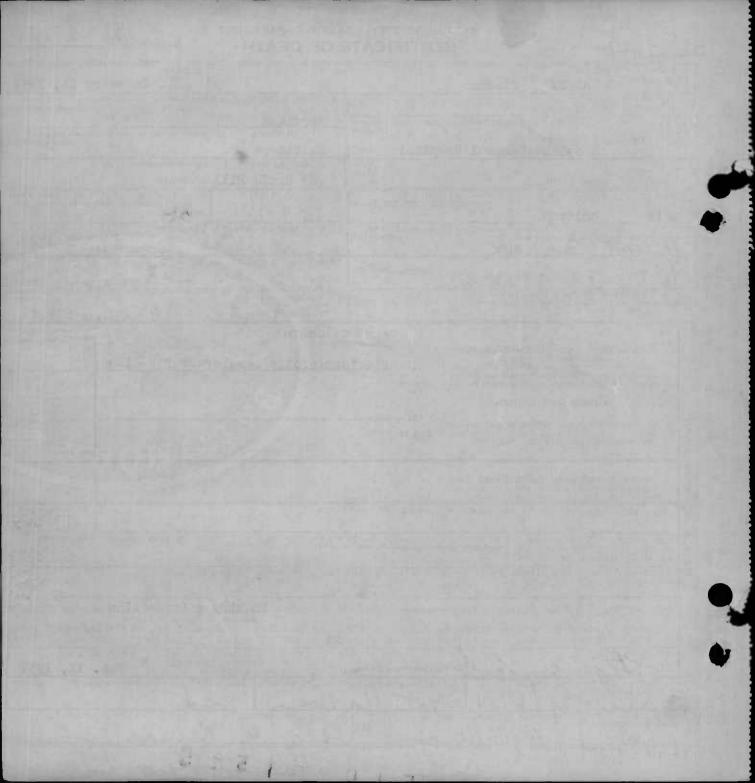
ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

township)



51 1518

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2. DATE OF DEATH DEATH Feb 11, 1051
4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) Baltimore (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location If Under 1 Year | If Under 24 Hours Months: Days Hours | Min. 9. AGE (In years last birthday) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Wahalla, S. Carolina U.S.A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY Af in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 23c. DATE SIGNED

REGISTRAR'S SIGNATURE

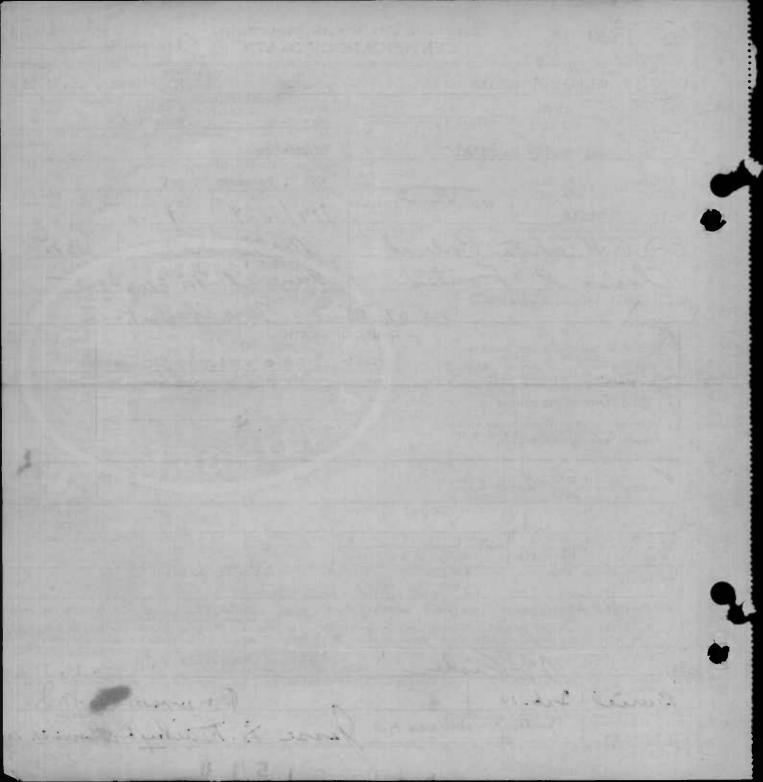
25. FUNERAL DIRECTOR

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before admission)

Registered No-

2. DATE

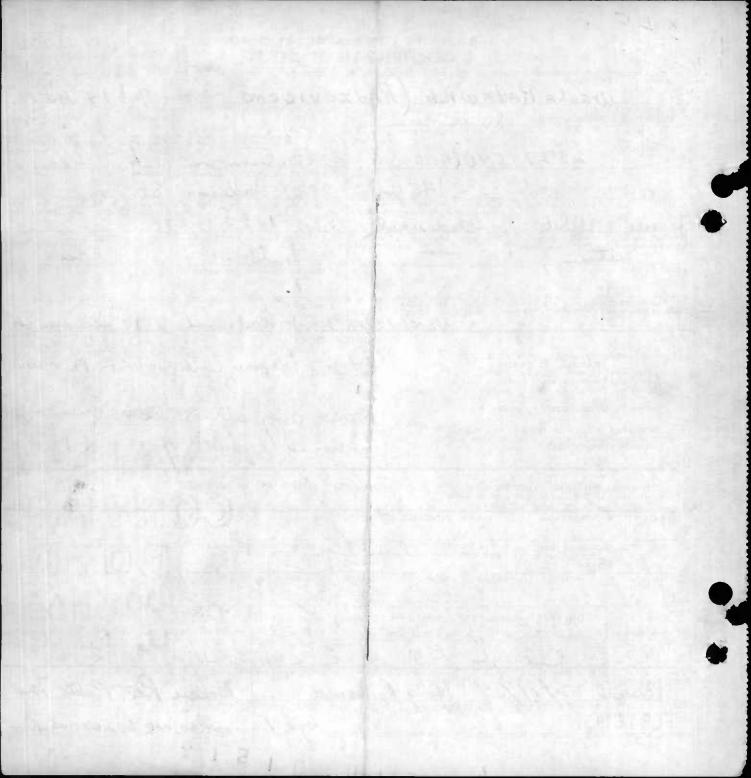
OF

DEATH

B. COUNTY

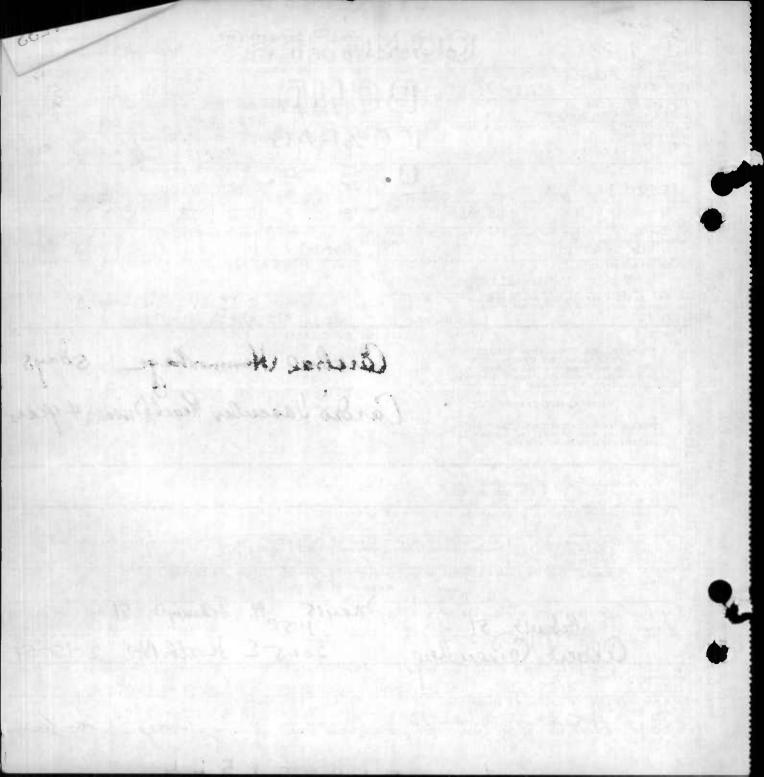
AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ADDRESS udiana Sh INTERVAL BETWEEN ONSET AND DEATH (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? and that death occurred at 6:30 am from the causes and on the date stated above. 23c. DATE SIGNED (State) ADDRESS

VS 150



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| RVED | Every | write |
| RESE | INK. | please |
| MARGIN RESERVED FOR E | UNFADING | Physicians: |
| | LY, WITH | important. |
| • | PLEASE WITE P. LY, WITH UNFADING INK. Every item | correct ag sespecial important. Physicians: please write the cause |
| ŀ | | |

| 11= | O1 1522 CERTIFICAT | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 11 11 | NAME OF DECEASED Type or Print) ALBIN W. NIEDLING | 2. DATE OF Feb. 13, 1951 |
| 1 A | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or | A. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE MARYLAND B. COUNTY before admiss |
| | location) NSTITUTION 2015 E. North Avenue | C. CITY OR TOWN (If outside corporate limits, write RURAL and towns |
| C | Length of stay in Baltimore 60 yrs Mos. SEX [6.COLOR OR RACE 7. SINGLE, MARRIED.] | D. STREET ADDRESS (If rural, give location) 2015 E. North Avenue 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Vast Il Under 24 |
| | THE PROPERTY OF THE PROPERTY O | Sept. 22, 1872 9. AGE (In years) If Under I Vest Months Days Hours N |
| n d wo | OA. USUAL OCCUPATION (Give kind of the kin | 11. BIRTHPLACE (State or foreign country) Germany 12. CITIZEN OF WHAT COUNT USA |
| deat | ? Niedling | 14. MOTHER'S MAIDEN NAME |
| causes of | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | Mrs. Elizabeth Niedling |
| icians: please write th | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) | dro Vasculer Revel Disease 4-4ce |
| Physicians: CERTIFICA | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER | YES NO |
| important. | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., e | INJURY OCCUR? |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY WHILE AT NOT WHILE AT WORK AT WORK | |
| especi | | rred at 1135 Rm., from the causes and on the date stated about the 23c. DATE SIGN 2025 E North Ne 2-15-5 |
| - " TI | 4A. BURIAL, CREMA- 24B. DATE 24C. NA ME OF CEMETE ON, REMOVAL (Specify) | RY OR CREMATORY 24D. LOCATION (City, town, or county) (Sta Cemetery Baltimore, Md. |
| correct | ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR | 25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. |
| 0 | TO O TO TO TO THE TO TH | RAITO 12 MD Lecy 1: 1 day 11. |

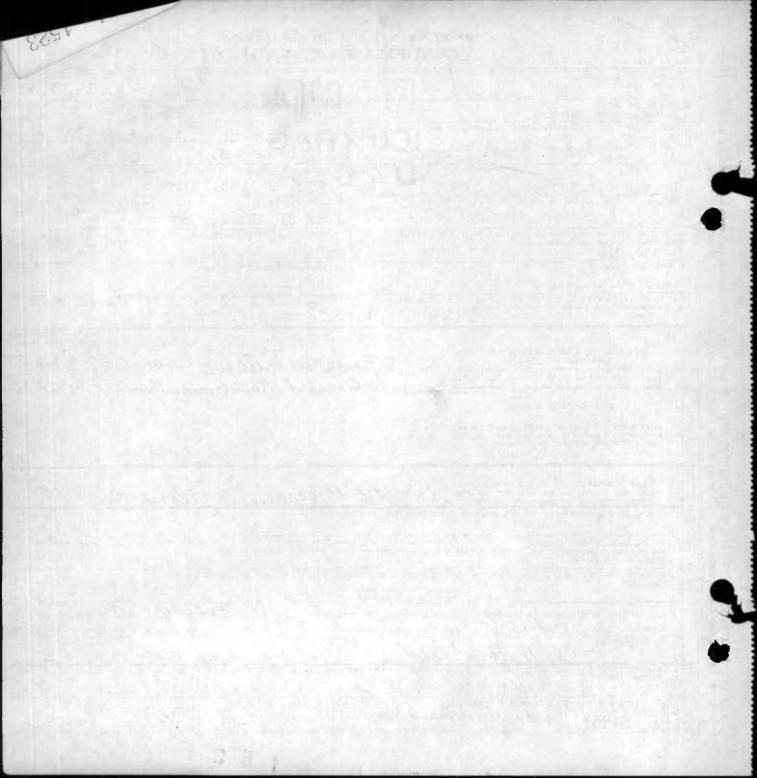


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BALTIMORE CITY HEALTH DEPARTMENT

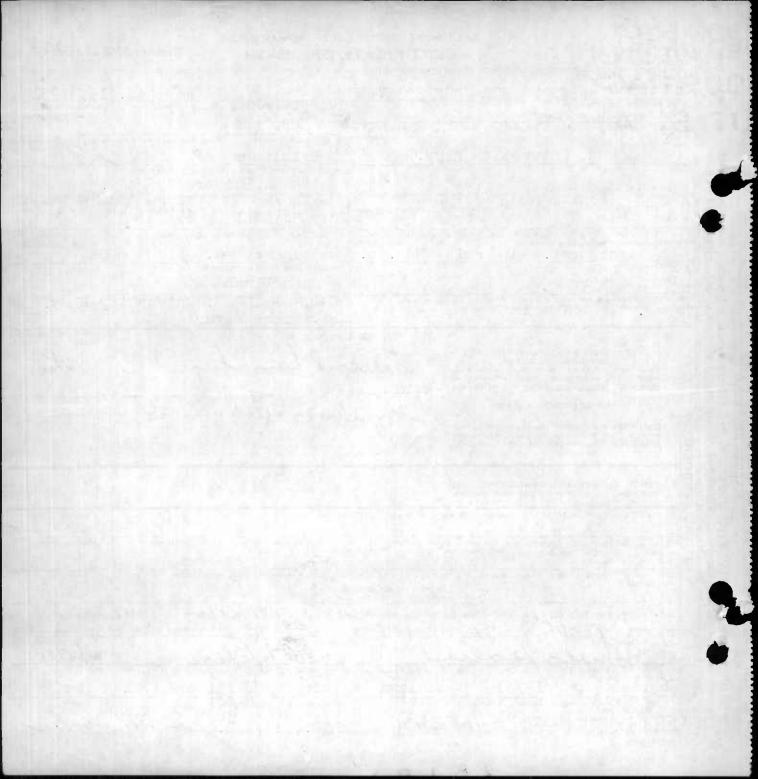
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| The state of the s | BIRTH | 1.52 1.52 | 3 | | HEALTH DEPARTMENT | Registered No. |
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| | | ME OF DE | | FRITZ | | 2.DATE Peb. 14, 1951 |
| ddns | A. Ba | LL NAME C | ity, Maryland | l or institution, give street addr | A. STATE | Where deceased lived, If institution : residence B. COUNTY before admission Land |
| . 17 | | ITAL OR TUTION | 1702 E. 31 | st. Street | Baltimore - 18 | |
| | c. Lei | | ay in Baltimore | 68 yrs | Yrs. D. STREET ADDRESS (If Mos. 1702 E. 31st | . Street |
| | F | | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (S WIDOW | 400111 102) 2000 | |
| ion sh | HO | USEWOI | working life, even if retired) | at home | Germany | USA COUNTRY |
| rma | Ge | orge I | R. Seeger | FOREST LAG COGIA | Sophia Rehbe | in |
| of | Yes, no | no no | (If yes, give war or dates | of service) none | 111 | |
| FADING INK. Every it | RIFICATION | DISEASES RISE TO TH UNDERLYI | CONDITION IS LEADING TO DEAT NOT MEAN THE MODE OF CASE OF CONDITIONS. IF E ABOVE CAUSE (A) NG CONDITION LASSES OF CONDITION LA | DIRECTLY H c dying, e. g., sis the disease, sused death.) ES ANY, GIVING STATING THE DUE TO (C) | | ic CARCINONA 2 MOS INALMALIEN 6 YEARS |
| TH UN | 19 19 | TO THE DIS | EASE OR CONDITION | CAUSING IT. CHRON | DEPERATION | TIBRILLATION 20. AUTOPSY? |
| port. | 5 2 | | NT WAS UNDER- CONTRIBUTING | 21B. PLACE OF INJURY about bome, farm, factory, street, office | | If in Baltimore City, give exact location) |
| | 21 | D. TIME () | Month) (Day) (Year) | WHILE AT NOT | WHILE | |
| ITE F. | de | 2. I hereby eceased ali BA. SIGNAT | ve on tef 13 | nded the deceased from 1951, and that death | Scot 1947, to 7 occurred at 7 \$5 m., from to 23B, ADDRESS | the causes and on the date stated above |
| ASE ct ag | 24A. TION, F | BURIAL, CI REMOVAL (Sp buria | ecify) | 24c. NAME OF CER | | OCATION (City, town, or county) (State, ltimore, Md. |
| PLEASE correct ag | | RECEIVED L REGISTR | BY REGISTRAR'S | SIGNATURE . | 25. FUNERAL DIRECTOR HENRY SANDER & BALTIMORE -13 | SONS INC ADDRESS, MD Secret F. James. |
| | | VS 150 | | | 5/2 | osse. |



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| | PLEASE VITE TO ILY, WITH UNFADING 1 | correct ag sespeci important. Physicians: pl |
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| he | B | 11 No.15 | 24 | | | | | E OF DE | | Register | ed No | 1.524 |
| d. T | 1. | NAME OF D | | TSTOP | HER JO | SEPH S | EVERN | | | 2. DATE OF DEATH Fe | h 75 | 1051 |
| ıpplie | A. | PLACE OF D Baltimore (| EATH: City, Mary | yland | | | | 4. USUAL RE | SIDENCE (V | Where deceased lived | d. If institu | ution: residence before admission) |
| efully supplied. | H | FULL NAME OSPITAL OR ISTITUTION | | | | ion, give street | t address or location) | C. CITY OR T | OWN (If | f outside corporate l | limits, writ | te RURAL and give township) |
| efu sibly. | - | 104 | | | sity I | | Yrs. Mos. | o. STREET A | | rural, give location | | |
| q p | | Length of s | tay in Bal | | 7. SINGLE | , MARRIED, | Days | 8. DATE OF E | | ersity P | s II Under 1 | Year It Under 24 Hours |
| | 10 | M A. USUAL OC | W | 10: 11:15 | | ied. | | July 31 | | 09 | 9 | Days Hours Min. |
| (DING information sho of death clear | WOF | Engine 6 | of working life, e | oven if retired) | Machi | | NDUSTRY | Baltime | | oreign country) | | CITIZEN OF WHAT COUNTRY? |
| G mati leath | 13 | John Se | | | | 149. | laintee | 14. MOTHER'S | Ulsch | AME | | |
| BINDING of inform uses of dea | (Ye | . WAS DECEASI | D EVER IN (If yes, giv | U, S. ARMED | FORCES? | 16. SOCIAL SECUR | ITY NO. | | NT 104 W | . Univer | SATORE | BKWY. |
| MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes | IIFICATION | (This does heart failu injury or DISEASE: RISE TO T | not mean re, asthenia, complication ANTECEDE S OR CONE HE ABOVE O | TO DEAT the mode of , etc. It mean on which co ENT CAUS DITIONS, IF CAUSE (A) | H dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH | (B) | Cereb | rel Lusion | art. | Selvois | | TERVAL BETWEEN NSET AND DEATH THE STATE OF T |
| MA UNF Physi | CERTI | TRIBUTING | IGNIFICAN TO THE DI ISEASE OR | NT CONDITEATH, BUT I | TIONS CON NOT RELATE CAUSING I | D | OF OPER | | | | | |
| WITH rtant. | CAL | | | 0 | | | | | | 14 : 2 : 1 | | YES NO X |
| LY, WITH important. | MEDIC | 21A. ACCID LYING OI CAUSE OF | R CONTRIE | UNDER- BUTING | | CE OF INJU | | | CCUR? | If in Baltimore Ci | ty, give e | xact location) |
| | - | 21D. TIME OF INJURY | (Month) (D | Pay) (Year) | | WHILE AT WORK | OCCURR NOT WHILE AT WORK | ED 21F. HOW | DID INJUR | Y OCCUR? | | |
| TE: P | | 22. I hereb | | | ended the | deceased fr and that de | rom_10/ | | 1944, to 1 | /22, 1 he causes and o | | at I last saw the |
| | | 23A SIGNA | ME | ale | oxla | A CHUIC GE | | 3B) ADDRESS | to Be | L _g | | DATE SIGNED |
| ASE ct ag | 2.4 TI | AA. BURIAL, CON HEMOVAL (S | Decify) | 2/17/ | | Woodla | | RY OR CREMAT Meterv | | imore, Mo | | inty) (State) |
| PLEASE correct ag | D | ATE RECEIVE DCAL REGIST FB 1619 | D BY RE | | SIGNATU | | (Æ P | | DIRECTOR & | | | RESS Under |
| | | VS 150 | | | y E | | 583 | 3 L | | y | 0 | 83a. |



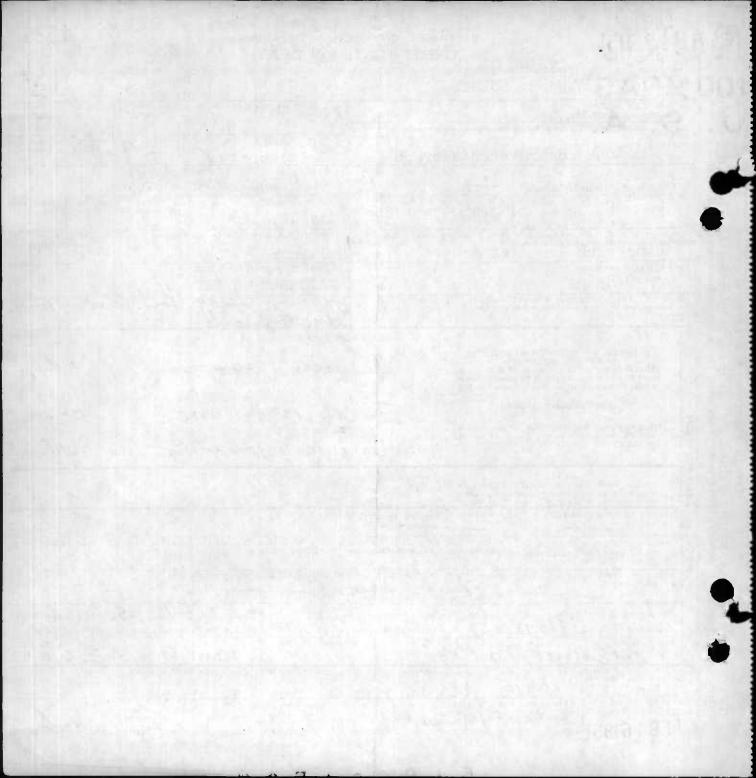
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) ANNA C. SUEHLE OF Feb. 15, 1951 supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR efully C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townshin) Lochraven Boulevard Baltimore - /8 D. STREET ADDRESS Yrs. (If rural, give location 4009 Loch Raven Blvd Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) July 12, 1868 information sho 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housework at home Baltimore, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN MYERS ELIZABETH EPPET 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yee, no or unknown) SECURITY NO uses no none Jo INTERVAL BETWEEN CAUSE OF DEATH cal ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pneumorua (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Paralysis Agitans. INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic myocarditis UNFADING Physicians: p Ī. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 HLIM DICAL YES NO 21B. PLACE OF INJURY (e.g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, (arm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT ___ WORK 1949 to 7.6-15, 1951, that I last saw the 22. I hereby certify that I attended the deceased from June deceased alive on 7-cb 15 1951 and that death occurred at 4P m., from the eauses and on the date stated above. 23A. SIGNATURE 23c_DATE SIGNED athanie 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY buria] oudon Park Cemetery DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR mustice to / / / / / / / / / / /

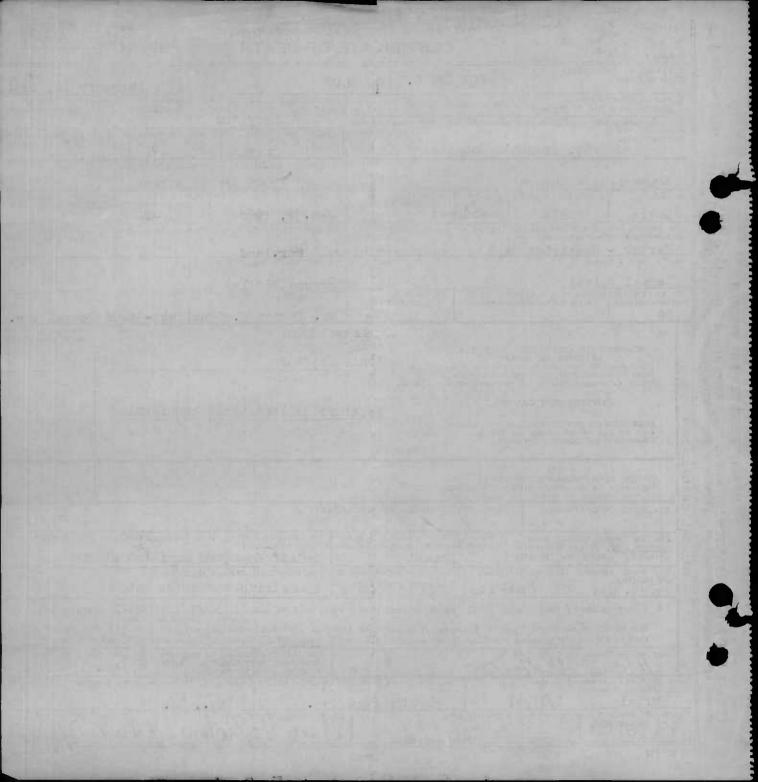
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| MARGIN | UNFADING Physicians: |
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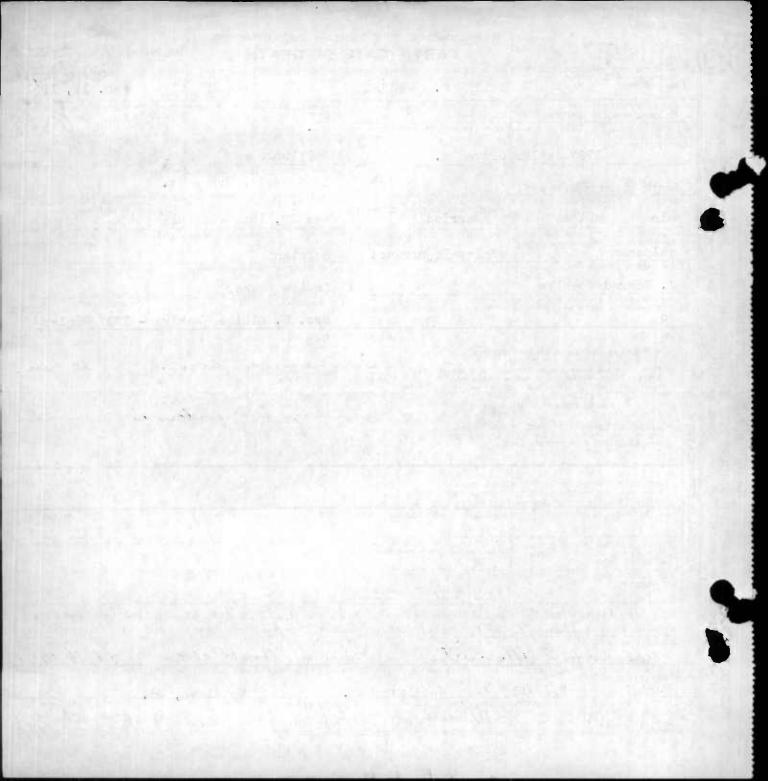
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| BIRTH NO. |
| 1 NAME OF DECEASE |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1527 Registered No.

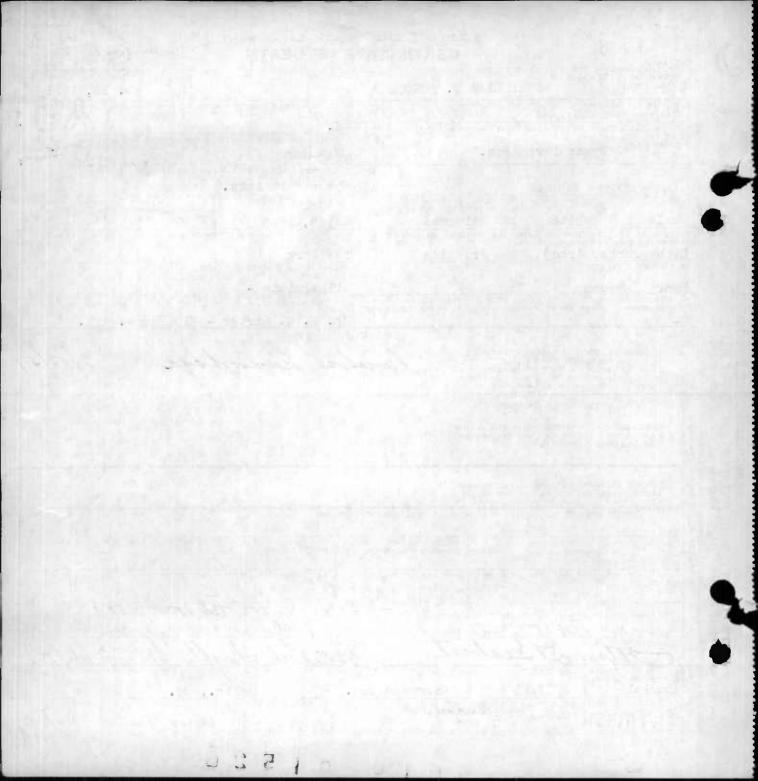
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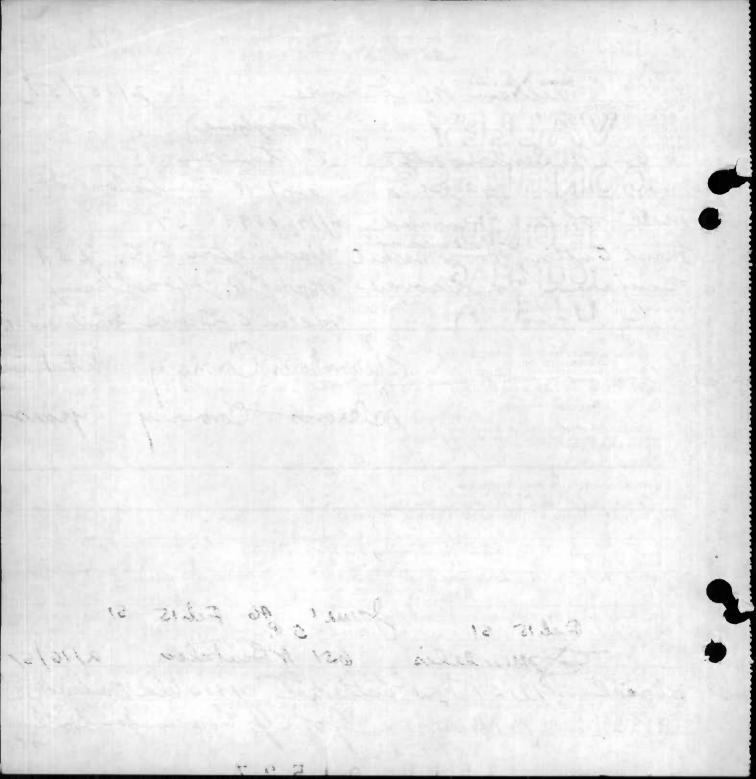
| E. | BIRTH NO. | | |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------|
| d. J | 1. NAME OF DECEASED (Type or Print) WILLIAM C. WOEHLKE | 2. DATE OF Fell DEATH | b. 14, 1951 |
| efully supplied by. | 3. PLACE OF DEATH: A. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY | |
| ns | B. FULL NAME OF (If not in hospital or institution, give street address of | Md. | |
| Ŋ | HOSPITAL OR location | C. CITY OR TOWN (If outside corporate limits, | |
| full | 00 1727 Poplar Grove St. | Beltimore | (10 township) |
| e | Yrs. | D. STREET ADDRESS (If rural, give location) | |
| P | c. Length of stay in Baltimore Mos. | 1727 Poplar Grove St. | |
| pu pu | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. | | Inder 1 Year If Under 24 Hours |
| 7 | male white WIDOWED DIVORCED (Specify married | June 29, 1889 last birthday) Mon | ths Days Hours Min. |
| ho | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF |
| clear | work done during most of working life, even if retired salesman wholesale produce | | WHAT COUNTRY |
| information s of death cle | 13. FATHER'S NAME | Maryland 14. MOTHER'S MAIDEN NAME | |
| | | 14. MOTHER'S MAIDEN NAME | |
| | J. Conrad Woehlke | Louisa Fisher | |
| of | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO | 17. INFORMANT AD | DRESS C |
| i ir | (11 yes, give war or dates of service) SECURITY NO. | Mrs. M. Eloise Woehlke - 172 | Prove |
| onsn | 18. 1/20./ CAUSE | OF DEATH | INTERVAL BETWEEN |
| Every item of i | 77011 | OF DEATH | ONSET AND DEATH |
| it he | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | ronary or chese | 20. |
| e t | (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease. | ronary occlusion | 20 min. |
| Ever | injury or complication which caused death.) DUE TO | | |
| P | ANTECEDENT CAUSES | | |
| Se. K | 7 CAN | conary arteresderous | unterna |
| INK. | DISEASES OR CONDITIONS, IF ANY, GIVING | | |
| 75 | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | |
| N. | (C) | | *************************************** |
| UNFADING Physicians: | | | |
| FA | OTHER SIGNIFICANT CONDITIONS CON- | | |
| hy | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OPERATION 19b. MAJOR F | RATION | 20, AUTOPSY? |
| E. t. | 0 | | YES NO |
| WITH rtant. | 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., | in or 21c. WHERE DID (If in Baltimore City, giv | |
| LY, WITH important. | LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., | otc.) INJURY OCCUR? | re exact location) |
| H'ii | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE | RED 21F. HOW DID INJURY OCCUR? | |
| | OF INJURY WHILE AT NOT WHILE | | |
| | m. WORK AT WORK | 1 5 5 7 7 1 111 | |
| bec | 22. I hereby certify that I attended the deceased from | ly 7 , 150, to Feb. 14 , 1951, | that I last saw the |
| E S | deceased alive on 17, 1951 and that death occur | | |
| F | 23A. SIGNATURE B 11 | 238. ADDRESS | 23C. DATE SIGNED |
| 50 | Whaham C. Aurury M.D. | 3048 W. North Mr. | 4.16.1951 |
| aga | 24A. BURIAL, CREMA- 24B. DATE 245-NAME OF CEMETE TION, REMOVAL (Specify) | ERY OR CREMATORY 24D. LOCATION (City, town, o | r county) (State) |
| AS | Burial 2/17/51 Woodlawn Cer | m. Woodlawn, Md. | |
| PLEASE correct a | DATE RECEIVED BY I REGISTRAR'S SIGNATURE | | ADDRESS OF |
| PI | FER 6 951 Sandar Joy Williams, M. | allem & Sidere Alan | a ballo. |
| | FED 101331 WARMAN (A 3) | 1 VIII. J. Junior J Soll | mak |
| | VS 150 | 1 3 | 771100 |
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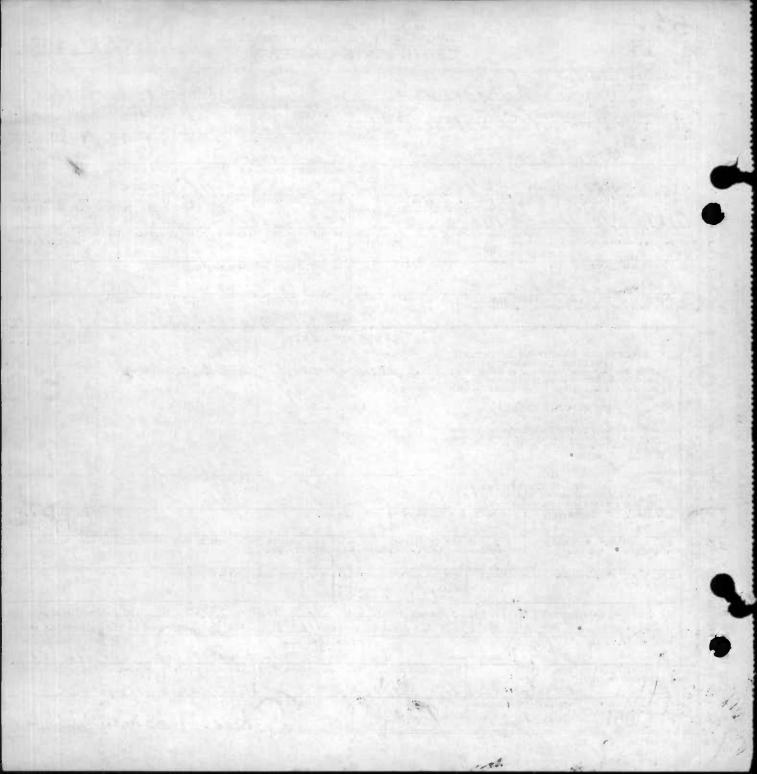


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| | E | ag |
| | SAS | ect. |
| | PLEASE VITE 1. LY, WITH UNFADING INK. Every item of information sh | correct age especime important. Physicians: please write the causes of death clear |
| | - | - |

| - | 25 | 30 | BAI | LTIMORE CITY HI | EALTH DEPARTMENT | 51. | 1.528 |
|-------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|-------------------------------------------|
| BI | A. LOC RTH NO. | 3 | | CERTIFICAT | E OF DEATH | Registered No. | |
| | NAME OF D ype or Print) | | WILLIAM | B. ROVECAMP | | 2. DATE OF Feb.] | 5, 1951 |
| | PLACE OF D Baltimore (| EATH: City, Maryland | | | 4. USUAL RESIDENCE (W | Where deceased lived. If ins | titution ; residence before admission) |
| H | FULL NAME OSPITAL OR ISTITUTION | OF (If not in hos Wyman Park | | ion, give street address or location) | | outside corporate limits, v | vrite RURAL and give |
| 1 | 0 | 7 | p000 | Yrs. | | rural, give location) | 0 |
| c. | Length of s | tay in Baltimore | | Mos. Days | Wirman Parks Ante | | |
| 5. | SEX | 6. COLOR OR RAC | | E, MARRIED, VED, DIVORCED (Specify) | 8. DATE OF BIRTH | | ler I Year If Under 24 Hours |
| _ | male | white | | dowed | May 4, 1858 | 92 | |
| work | done during most o | CUPATION (Give kin of working life, even if retir | lof 108. KINE | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | oreign country) 12 | CHIZEN OF WHAT COUNTRY? |
| | ithograp | her (rtd) | Pri | nting | New York | | |
| | | | | | 14. MOTHER'S MAIDEN N. | AME | |
| | enry Rov | OCAMP D EVER IN U. S. ARI | IED EODCES | I 16. SOCIAL | Wilhelminia - | | |
| (Ye | , no or unknown) | (If yes, give wer or d | ates of service) | SECURITY NO. | Mr. R. E. Carter | | RESS |
| RTIFICATION | (This does heart failu injury or DISEASES RISE TO UNDERLY | SE OR CONDITIO LEADING TO DI not mean the mod re, asthenia, etc. It n complication which ANTECEDENT CA SOR CONDITIONS HE ABOVE CAUSE (YING CONDITION) II IGNIFICANT CON | ATH e of dying, e. 1 leans the diseas caused death USES I. IF ANY, GIVIN A) STATING TI LAST. | B., (a) DUE TO (B) | | lyr | INTERVAL BETWEEN ONSET AND DEATH 2/13/5/ |
| CE | | TO THE DEATH, BU | | | | | |
| 1 | 19A. DATE O | F OPERATION | 198. MAJOR | FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| EDICAL | | ENT WAS UNDER R CONTRIBUTING | 1 | ACE OF INJURY (e. g., farm, factory, street, office bldg., | | f in Baltimore City, give | e exact location) |
| Σ | 210. TIME (| Month) (Day) (Ye | ar) (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID INJURY | Y OCCUR? | |
| | OF INJURY | | m. | WHILE AT NOT WHILE | | _ | |
| | 22. I hereb deceased of | ive on The | attended the | | 113 , 1951, to 7. rred at 7.30 A.m., from to 238. ADDRESS 4803 Park The | he causes and on the | that I last saw the date stated above. |
| 24 | AA. BURIAL, C | REMA- 248. DATI | | 24c. NAME OF CEMETE | ERY OR CREMATORY 240 | OCATION (City, town, or | county) (State) |
| 110 | Burial | 2/17/ | 51 | Parkwood Cen | Balto | ., Md. | |
| D, | TE RECEIVE | BY REGISTRA | RIS SIGNATO | | 25. FUNERAL DIRECTOR | | o- butto, |
| | VS 150 | | | | 0 | | ind. |
| 1 | | | | - (3 | 00152 | 6 | 0839 |







12. CITIZEN OF

WHAT COUNTRY?

20. AUTOPSY

234. DATE SIGNED

VS 150

ADDRESS

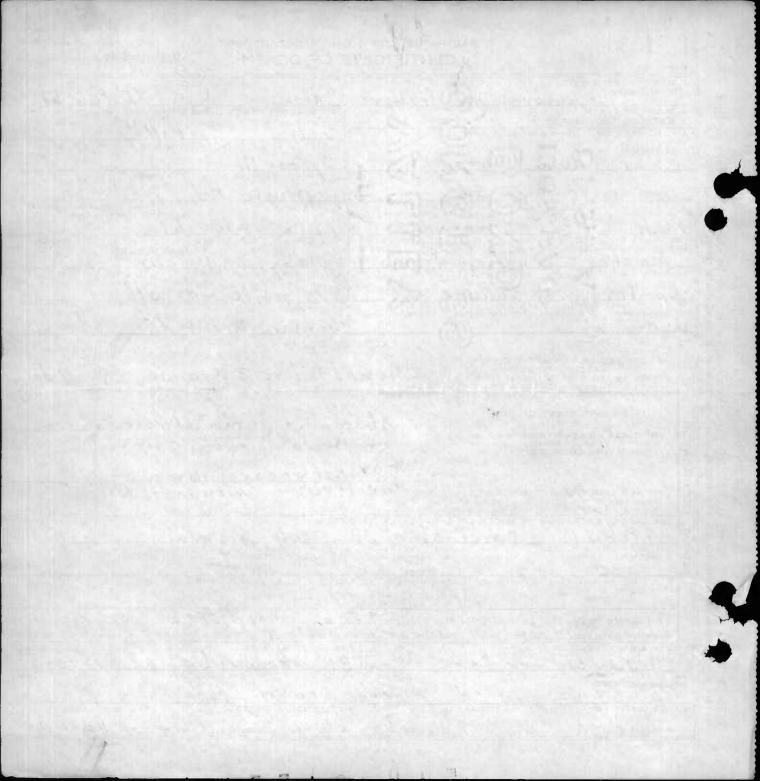
ENNY, INC. 715 LIGHT ST -30

La Schurich 12 8188 12:30 - 2:30 Ext. THURS 7789 MWE 1337 SCERNES 57 Very could here for every I when the way to Strate Miller and Mall

| 1 - | 5 | 21 | 5 | 4 4500 |
|----------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
| 7 or | I. | 1.533 BALTIMORE CITY HE CERTIFICATI | E OF DEATH Registered N | 1.533 |
| d. The | 1. | NAME OF DECEASED Type or Print) | C 4004/4 2. DATE OF 15 | Fal 51 |
| fully supplied ly. | Α. | PLACE OF DEATH: Baltimore City, Maryland | A. STATE B. COUNTY | nstitution: residence before admission |
| Illy su | H | FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) | c. CITY OR TOWN (If outside corporate limits, | , write RURAL and give township |
| fu legibly. | 10 | Church Home THOS pital Yrs. | D. STREET ADDRESS (If rural, give location) | |
| be d le | - | Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | | Under i Year Il Under 24 Hours hths: Days Hours: Min. |
| on show | 10 work | Maje White mayries DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) L done during most of working life, even if retired) | | 12. CITIZEN OF WHAT COUNTRY |
| ation th cle | | Teacher Public Schools B. FATHER'S NAME | May Jand BACTIMORE 14. MOTHER MAIDEN NAME | U.S. |
| BINDING of information shouses of death clearly | 15 | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 yes, give war or dates of service) 18. no or unknown) | Minnie Carroll | DRESS |
| of of uses | ll '. | intimum | Gonford, Mr Bobert C. | Same |
| FOR y item | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | I failure & Uremia | ONSET AND DEATH |
| RVED FOI Every ite | | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | I Tallare C ocremia | 1 day |
| RESERVED INK. Ever please write | Z O | DISEASES OR CONDITIONS, IF ANY, GIVING | omino-perineal resect | ်ပ္ |
| | | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | Recto Sigmoid Colon | |
| MARGIN UNFADING Physicians: | RTIFI | OTHER SIGNIFICANT CONDITIONS CON. | Adenocarcinoma of Redum with metastas | |
| | CE | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | | 20. AUTOPSY? |
| Y, WITH important. | DICAL | 7 Feb 51 Caycinoma of 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) about home, farm, factory, atreet, office bldg., e | | YES NO Live exact location) |
| impo | ME | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI | | |
| PL cian | | OF INJURY MHILE AT NOT WHILE AT WORK AT WORK | | |
| TE FI | | 22. I hereby certify that I attended the deceased from 2 For deceased alive on 14 Feb., 1951, and that death occur | red at Am., from the causes and on the | e date stated above 23c. DATE \$IGNED |
| age | 24 | Dolence Fernskerg M. D. 1 4A. BURIAL, COMA- 24B. DATE 2/C. NAME OF CEMETE | Thursk Home Horaclas | 15 Feb 51 |
| PLEASE correct ag | D | FEB 19,19 FEB. 19, 195/ CATHEDRA | 2 - 1 20 . | Mo- |
| PL | | FEB 161951 Manufactor Williams, Male | 6 Vernon Temmon, 4611 Park | Heights are- |
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NOT A MEDICAL EXAMINER'S CASE

William County A.D.

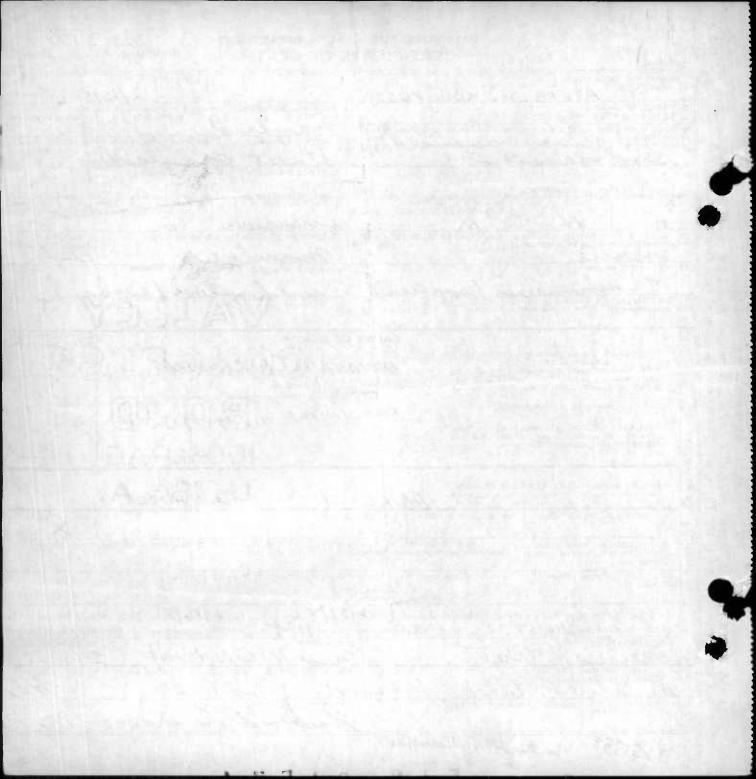
CHAFF OR ASS'T. MEDICAL EXAMINER

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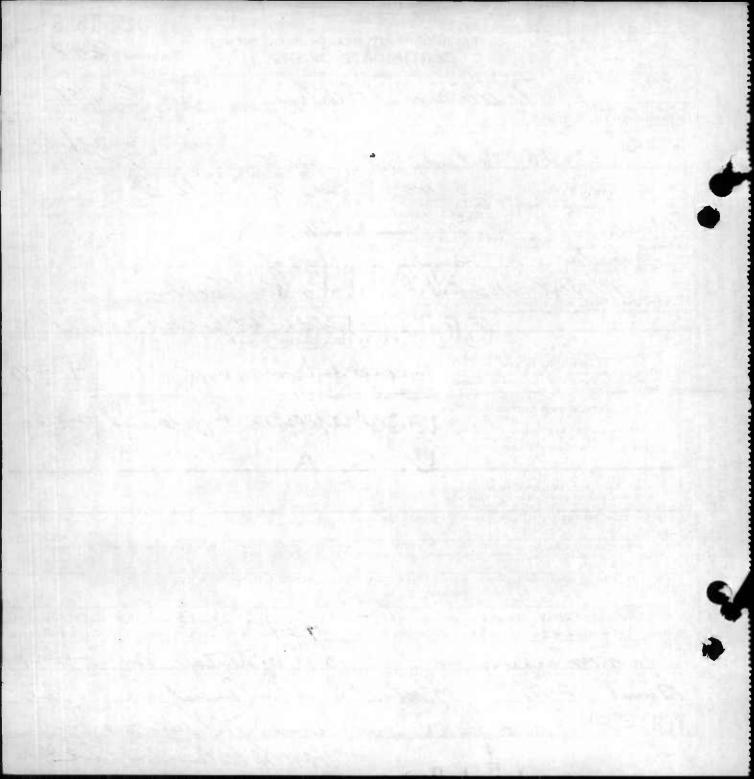
| .Kı | 412 51 1535 | ВА | ALTIMORE CITY HI CERTIFICAT | EALTH DEPARTMENT I | Registered N | 1 1535 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| MARGIN RESERVED FOR BINDING SE WPTE LY, WITH UNFADING INK. Every item of information should be fully supplied. The age especial important. Physicians: please write the causes of death clearly it. My. | 1. NAME OF DECEASED (Type or Print) Edward Kelbaugh | | | | 2. DATE OF L | 1,4/51 |
| | 3. PLACE OF DEATH: A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (W | B. COUNTY | before admission) |
| | B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) | | | | | s, write RURAL and give township) |
| | Yrs. C. Length of stay in Baltimore Yrs. Mos. Days | | | D. STREET ADDRESS (If reral, give location) 1701 William Ore 427 | | |
| | | OR OR RACE 7. SING | Days CE. MARRIED. WED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years) | Under I Year If Under 24 Hours nths Days Hours Min. |
| | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINE work done during most of working life, even if retired) | | | 11. BIRTHPLACE (State or fo | reign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | 13. FATHER'S NAME Rolphy A. W. Charles | | | 14. MOTHER'S MAIDEN NAME | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. | | | 17. INFORMANT | 0 | DDRESS are. |
| | (This does not mea heart failure, asther injury or complica ANTECE DISEASES OR COI RISE TO THE ABOVI UNDERLYING CO OTHER SIGNIFIC | CONDITION DIRECTL' NG TO DEATH IN the mode of dying, e iia, ctc. It means the dise tion which caused dea EDENT CAUSES NDITIONS, IF ANY, GIV E CAUSE (A) STATING | Y (A) | Wille | natoma int 263 int 263 int 2763 int 1770 int 177 | ONSET AND DEATH |
| | TRIBUTING TO THE TO THE DISEASE O | R CONDITION CAUSING | R FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| | of INJURY Q 22. I hereby certify deceased alive on 25A. SIGNATURE | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ATH NOME 1701 Willis Avenue 21E. INJURY OCCUR? 1701 Willis Avenue 21F. HOW DID INJURY OCCUR? Fell and struck head on chair certify that I attended the deceased from and that death occurred gt) M. D. 14c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, sown, or county) (State) 21g. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Fell and struck head on chair from the causes and on the date stated above. 23g. DATE SIGNED 14c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, sown, or county) (State) | | | | |
| PLEASE Wr | aguiraf | REGISTRAR'S SIGNA | V Succession of Walliams Marie | 25. EUNERAL DIRECTOR | Fulta aro | ADDRESS ADDRESS |
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| | 460 | | BAL | LTIMORE CITY HE | EALTH DEPARTMENT | r= A | A comme |
|-------------|----------------------------------------------------------------|---------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------|---------------------------------------|
| | D-145427 | 51. 1.537 | | CERTIFICAT | | Registered No. | 1537 |
| 1. | NAME OF D | ECEASED | | | | 2. DATE | |
| [] (T | 'ype or Print) | | Felix I | Baker | | 05 | 3,1951 |
| | PLACE OF D | EATH: City, Maryland | | | 4. USUAL RESIDENCE (V | | stitution : residence |
| В. | FULL NAME | | al or institut | ion, give street address or | 9.7 | B. COUNTY | before admission) |
| | OSPITAL OR ISTITUTION | Baltimor | e City | Hodpitals | C. CITY OR TOWN (If | outside corporate limits. | |
| 2 | | 4940 Eas | tern Av | re nue | Baltimore | Leen have | township) |
| | | | | Yrs. Mos. | D. STREET ADDRESS (If | | |
| | | tay in Baltimore | | 10 Yrs. Days | 823 Leadenhall | | |
| 5. | Male | 6.COLOR DR RACE | WIDOW | E, MARRIED, VED, DIVORCED (Specify) 121e | Mar.8,1896 | 9. AGE (In years H Un last birthday) Month | der I Year If Under 24 Hours Min. |
| 10 | A. USUAL OC | CUPATION (Givekindnf | | OF BUSINESS OR | 11. BIRTHPLACE (State or for | oreign country) 12 | 2. CITIZEN OF |
| 100 | ork done during most of working life, even if retired) INDUSTF | | | | Arkansas | | WHAT COUNTRY? |
| 13 | 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN N | AME | |
| | Calvin | | | | Martha Lindsey | | 1/ |
| 15 | . WAS DECEASE | D EVER IN U.S. ARMED | FORCES? | 16. SOCIAL | 17. INFORMANTBaltim | ADE T. ADE | DRESS |
| (10 | e, no or ananown, | (11 you, give west he date) | or service) | SECURITY NO. | Records: 4940 E | astern Avenue | tais |
| | 18. 73 | · 7 V | | CAUSE | OF DEATH | Control of the Control | INTERVAL BETWEEN |
| | | E OR CONDITION | DIRECTLY | | | | ONSET AND DEATH |
| | (This does | not mean the mode of | f dying, e. g | Acute | Pulmonary Edema | · | 3 Hrs. |
| | heart failu injury or | re, asthenia, etc. It mea complication which c | ns the diseas aused death | e, i.) DUE TO | | | |
| | | ANTECEDENT CAUS | ES | | | | |
| Z | | | | (B) | *************************************** | *************************************** | |
| 101 | RISE TO T | OR CONDITIONS, II | STATING TH | | | | |
| A | UNDERLY | ING CONDITION LA | ST. | (C) | | | *** |
| RTIFICATION | | | | Posterior F | neca Mase | | |
| RT | | IGNIFICANT CONDI | | Broncho-pne | | • | |
| CE | | TD THE DEATH, BUT SEASE OR CONDITION | | | osis | | 2 Ma |
| 1 | 19A.20ATE 5 | OPERATION 1 | 9a. MANOR | FINDINGS OF OPER | ATION | | 2C. AUTOPSY? |
| DICA | 2-7-3 | 1 | | triculogram | 1 212 1111 | | YES NO |
| MEDI | | ENT WAS UNDER- R CONTRIBUTING DEATH | about hnme, f | ACE OF INJÜRY (e. g., in farm,factory,street, office bidg., | a or 21C. WHERE DID (International Injury OCCUR? | If in Baltimore City, give | e exact location) |
| | 21b. TIME (| Month) (Day) (Year) | (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID INJUR | Y OCCUR? | |
| | | | m. | WHILE AT NOT WHILE | | | |
| | 22. I hereb | y certify that I att | ended the | deceased from 1. | -27 , 19 51, to | 2-8 , 1951, | that I last saw the |
| | deceased al | ive on 2-8 | 19_51 | and that death occur | red at 11:55pm, from t | he causes and on the | date stated above. |
| | 23A. SIGNAT | | Y | 2 | 3B. ADDRESS | | 23c. DATE SIGNED |
| | | (35. | 1030 | M. D. | 4940 Eastern Ave | | 2-14-51 |
| 710 TIO | ON REMOVAL (S | pecify) 248. DATE | 151 | 24c. NAME OF CEMETE | | CATION (City, town, or | county) (State) |
| | ATE RECEIVE | | SIGNATU | 18911 | 25. FUNERAL DIRECTOR | A . 1 A | DDRESS |
| - | CAL REGIST | C1 | March States | Muania, Hom | ISAIAH.LB | ROWN SOI | N |
| - | B 5 9 | 51-' | 40 | A CONTRACTOR OF THE PARTY OF TH | ^ | | - 1 |
| 1 | | | | | 108602 | ronty oney | 87121 |
| | | | to the | 100 | | | 15100 |

From operations personnel, are ore court no a surrien the andulyn cause (18c) is to be determined and the you will inform us when finding down amilate?

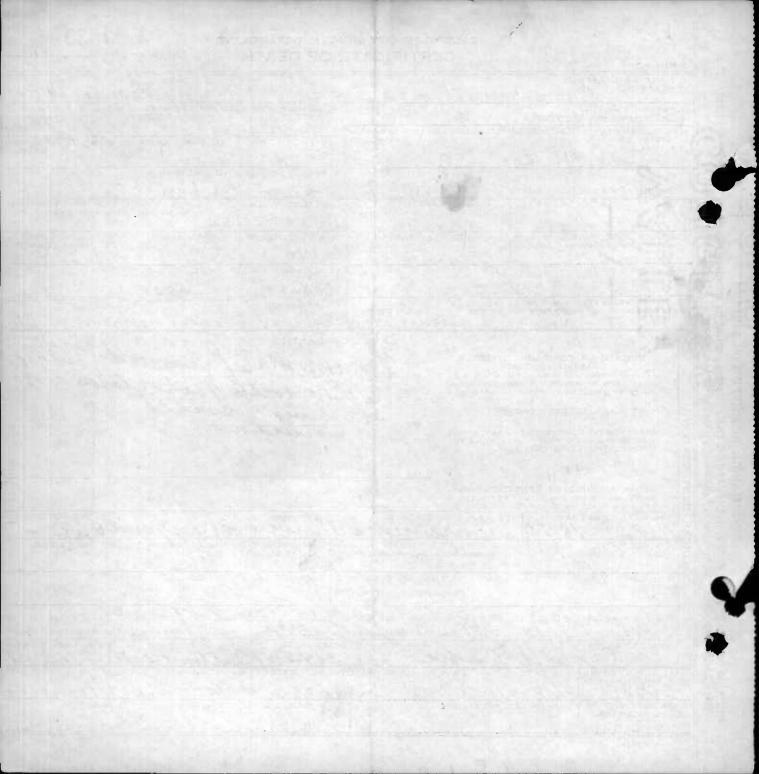


BINDING

FOR

RESERVED

MARGIN



DR H. HOUCK NORTH appleton

VS 150

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ADDRESS

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If linder 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY

20. AUTOPSY?

23c, DATE SIGNED

(State)

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DE CHATAGO I am har, for 10 hours RESERVED

VS 150

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Musikus, M

25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

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before admission)

township)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

ADDRESS

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12. CITIZEN OF

USA

ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR

VS 151 A CONTRACTOR OF THE PARTY OF TH THE THEORY OF ST. LAL AND THE MELTING THE PROPERTY OF THE PARTY OF THE PART

BALTIMORE CITY HEALTH DEPARTMENT

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| 4 | |
| PLEASE WRITE PL. Y, WITH UNFADING INK. Every item of information should be made supplied. I correct age is pecial apportant. Physicians: please write the causes of death clearly a record of the care of th | |
| FIC | |
| 8 | |
| M M | |
| SE | 1 |
| EA | 3 |
| PL | MEDICAL DEBTIES |

MARGIN RESERVED FOR BINDING

| 1 | CERTIFICATE | E OF DEATH Registered No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ľ | 1. NAME OF DECEASED (Type or Print) MARGARET J. BAKER | 2. DATE OF DEATH Feb.16,1951 |
| | 3. PLACE OF DEATH: A. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) |
| | B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR IOCATION) INSTITUTION 3139 Keswick Road | C. CITY OR TOWN (If outside corporate limits, write (URAL and give baltimore) Maryland C. CITY OR TOWN (If outside corporate limits, write (URAL and give township)) |
| | Yrs. Mos. c. Length of stay in Baltimore Days | D. STREET ADDRESS (If rural, give location) 3139 Keswick Road |
| | 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) WIDOW | July 22,1855 9. AGE (In years of Under I Year |
| | 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR orkdone during most of working life, even if retired) Housewife At Home | 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? |
| | (Unknown) Mitchell | 14. MOTHER'S MAIDEN NAME (Unknown) Parlett |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT ADDRESS Mrs Edna Loane, 3139 Keswick Road, |
| IFICATION | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | of DEATH vie rygrordilits and year younded wrippering |
| | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| | 198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER | ATION 20. AUTOPSY? |
| | 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., ellipsecond of the street of th | to.) INJURY OCCUR? |
| | 22. I hereby certify that I attended the deceased from deceased alive on 1964, 1954, and that death occur | R 15, 1951, to Fhile, 1951, that I last saw the cred at 6454 m., from the causes and on the date stated above. 338. ADDRESS 130. DATE SIGNED 130. (6,155) |
| , | 24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify) DATE RECEIVED BY RESISTRAR'S SIGNATURE | RY OR CREMATORY 240. LDCATION (City, town, or county) (State) Sullimou 25. FUNERAL DIRECTOR ADDRESS |
| | LOCAL REGISTRAR FEB 1 1951 | /M (Show 1219 Stow \$1 |
| | VS 150 | 093d |

HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 2. DATE TILL 1. NAME OF DECEASED (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE A. COUNTY OF (If not in hospital or institution, give street address or ageol Women's Mens' (Location) B. FULL NAME OF HOSPITAL OR (If outside corporate insite, write UURAL and give c. CITY OR TOWN INSTITUTION o. STREET ADDRESS (If rural, give location) Yrs. Mos. Lexinatus c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (in years) If Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Widow 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY information s s of death cle MMRS -Charles A 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL (Yes, no or unkoowo) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH y item the cau 443X DISEASE OR CONDITION DIRECTLY Hypertensie C-V. 2 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION mportant. EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Avg vs T 1950, to February 15, 1951, that I last saw the deceased alive on Follows 15 1901, and that death occurred at 8. 2 m., from the causes and on the date stated above 23A, SIGNATURE TION REMOVAL (Specify) taine 000/aun. 122 durial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

before admission)

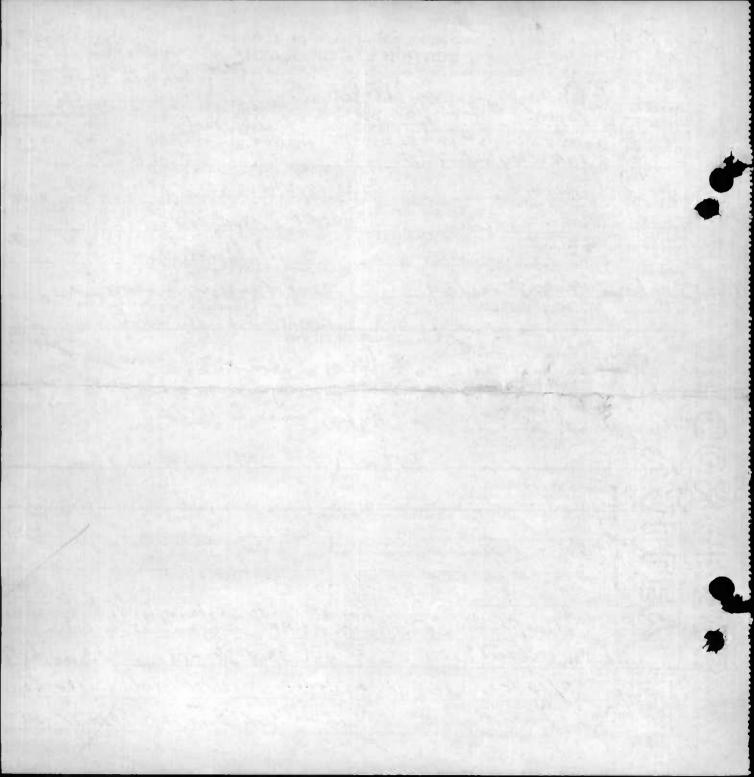
12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY



PLEASE WE

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| 51. | 1.546 |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| 51. | 1546 |
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| Re | rist | ered | No | |
|------|------|------|-------|--|
| Teci | Prof | CICU | 71 Am | |

| | BII | RTH NO. | | | | | |
|----|-------------|-------------------------------------------------------------------------------------------------|----------------------|------------------------------|----------------------|-----------------------------------|-----------------------------------------------------|
| | | NAME OF DECEASED The or Print) Tan | us C. | Wo | cester | OF 2/16 | 151 6 a.m. |
| | | PLACE OF DEATH: Baltimore City, Maryland | | | A. STATE | E (Where deceased lived! I | f institution: residence before admission) |
| | HC | FULL NAME OF (If not in hospital or in SPITAL OR STITUTION Shade More | stitution, give st | reet address or location) | c. CITY OR TOWN | (If outside corporate line | ts/write HORAL and give township) |
| | 0 | 1103 ONTER MOT | sus ou | Yrs. | D. STREET ADDRESS | (If rural, give location) | |
| | c. | Length of stay in Baltimore | | Mos. Days | 1103 9 | 124 Mouns | Taux |
| | 5. | | HOWED, DIVO | | 8. DATE OF BIRTH | 9. AGE (In years last birthday) M | H Under 1 Year Mines 24 Hours onths Days Hours Min. |
| | | done during most of working life, even if retired) | KIND OF BUS | INESS OR | 11. BIRTHPLACE (Stat | e or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 1 | 13 | FATHER'S NAME | Ciny 01 | | | (AGA) EN NAME | |
| | 7 | James C. Wor | esater | - Sh | Vulla | a Chuku | our |
| | 15. (Yes | WAS DECEASED EVER IN U, S. ARMED FORC | | URITY NO. | 17. INFORMANT | + 0 | Appress - |
| | 1 | 120 0. 20. 41 | | 241105 | arrie 9.40 | nceulen Jaken | INTERVAL BETWEEN |
| | | DISEASE OR CONDITION DIREC | TIV | CAUSE | OF DEATH | | ONSET AND DEATH |
| | | LEADING TO DEATH (This does not mean the mode of dyin | g, e, g., (A | Con | man The | mbris (2- | 5-hrs. |
| | | heart failure, asthenia, etc. It means the injury or complication which caused | | To an | ginh Pecto | ns | 4 years |
| | _ | ANTECEDENT CAUSES | | cor | onan a te | a pline. | 2 |
| | NO. | DISEASES OR CONDITIONS, IF ANY, | | | | | ···· |
| | S | UNDERLYING CONDITION LAST. | | | | | |
| | | H | -10 | 1 4 0 | au. L. Bass | Lea | |
| | CER | OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS | ELATED | gasti | Justice - | 6 yes also | |
| | ار | | AJOR FINDING | OF OPER | RATION | o freezor | 20. AUTOPSY? |
| | NCA. | | PLACE OF IN | | | (If in Baltimore City, | give exact location) |
| 4 | MEDI | HOMICIDE (Specify) about | home, farm, factory, | street, omce Didg., | etc.) INJURY OCCUR? | | |
| | | 21D. TIME (Month) (Day) (Year) (Hour OF INJURY | m. WHILE AT WORK | NOT WHILE | | JURY OCCUR? | |
| | | 22. I hereby certify that I_attended | | | Jan , 1948, t | 0 16 Feb , 195 | I that I last saw the |
| 3 | | deceased alive on 15 746, 19. | 1, and that | | | om the causes and on t | the date stated above. |
| | | 23A. SIGNATURE | "ierfel | M. D. | 719 E. Pres | om St. | 16 21.19T1 |
| 0 | 24 | A. BURIAL, CREMA 248. DATE | 2 C. NAM | | | 4b. LOCATION (City, town | n, or county) (State) |
| | | Burial 7/20/5, | WATURE | S. Ha | 25. FUNERAL DIRECT | Balto, | ADDRESS |
| | LC | TE RECEIVED BY REGISTRAR'S SIG | HIII. | 1. 4 | 1/14 Part & | 12/2 12/2 | ADDRESS OF |
| | - | ED 171951 | MAIZING, | | 001000 | and the | July Comment |
| 11 | | | 29 | 10 6A | | | 0942 |

PRIADE SERVICE CONTRACT

Burial
DATE RECEIVED BY
LOCAL REGISTRAR

| 65 BIRTH N | 3 548 | BALTIMORE CITY H | BARNET DEPARTMENT E OF DEATH | 51 Registered No. | 1548 |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------|--------------------------------|
| 1. NAME (Type or I | OF DECEASED Print) | VVA JANE BARNETT | | 2. DATE OF Feb. 1 | 5, 1951 |
| | OF DEATH: HOTE City, Maryland | tal or institution, give street address or | 4. USUAL RESIDENCE (WA. STATE | 1 DEATH | - |
| HOSPITAL | _ OR | location) | | outside corporate limits, w | RUIAL and give township) |
| | n of stay in Baltimore | Yrs. Mos. Days | 310 Mt. Holly St. | | |
| 5. SEX | | widowed, DIVORCED (Specify) | Aug. 13, 1881 | last birthday) Month | s Days Hours Min. |
| House | AL OCCUPATION (Give kind on growt of working life, even if retired wife) ER'S NAME | At Home | 11. BIRTHPLACE (State or for Maryland 14. MOTHER'S MAIDEN NA | | CITIZEN OF WHAT COUNTRY |
| | chard Hubbard | | Angeline Thomas | 710 6 | |
| 15. WAS D (Yes, no or un | ECEASED EVER IN U.S. ARME known) (If yes, give war or dat | D FORCES? es of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. W. T. Adams | - 310 Mt. Holl | |
| Z DIS | INSEASE OR CONDITION LEADING TO DEA is does not mean the mode rt failure, asthenia, etc. It me ry or complication which ANTECEDENT CAU EASES OR CONDITIONS. TO THE ABOVE CAUSE (A) DERLYING CONDITION L | DIRECTLY ITH of dying, e. g., ans the disease, caused death.) DUE TO | of DEATH ronary Throud utension Year teris . & Aproxis | | Sys, |
| U TO | HER SIGNIFICANT COND BUTING TO THE DEATH, BUT THE DISEASE OR CONDITION | NOT RELATED N CAUSING IT. | | | |
| JAY. D | ATE OF OPERATION | 198. MAJOR FINDINGS OF OPER | | | YES NO |
| LYING | ACCIDENT WAS UNDER- ON CONTRIBUTING E OF DEATH | 21B. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg., | in or 21c. WHERE DID (I stc.) INJURY OCCUR? | f in Baltimore City, give | exact location) |
| 21D. T OF IN | IME (Month) (Day) (Year JURY |) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK | | | |
| decea | sed alive on tab-14, | tended the deceased from, 1951, and that death occur | | ter 15, 1961, the causes and on the c | date stated above. |
| 24A. BUF | IGNATURE LIAL, CREMA- 24B. DATE LIAL (Specify) | 24C. NAME OF CEMETE | 23B. ADDRESS 4/00 Edmon CRY OR CREMATORY 24D. LC | dion Cor | Feb 16 145, county) (State) |

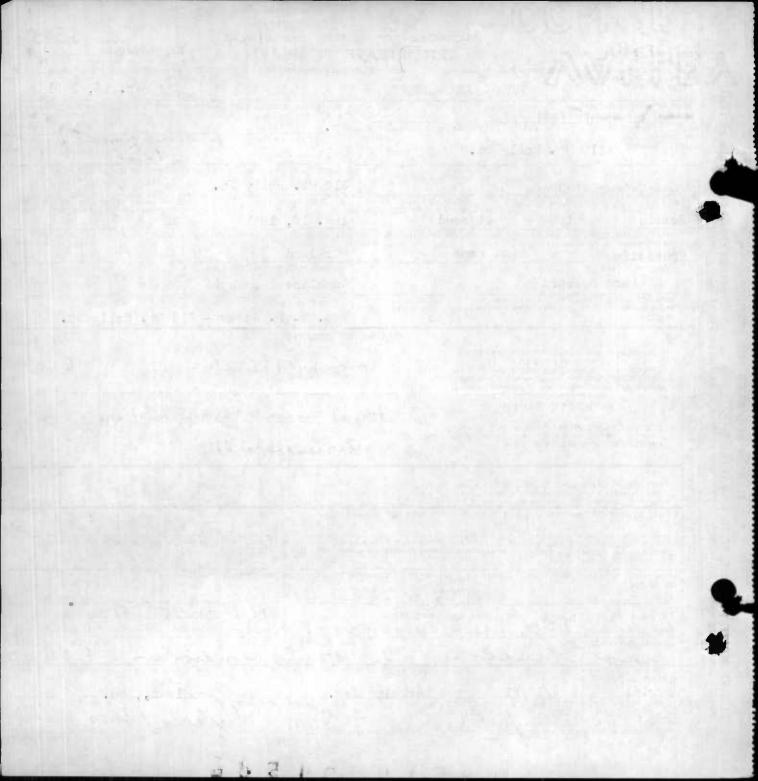
Come 25. FUNERAL DIRECTOR

VS 150

2/17/51 REGISTRAR'S SIGNATURE

093d

Md. ADDRESS



ally supplied.

UNFADING INK. Every item of information show. Physicians: please write the causes of death clearly

LY, WITH important.

PLEASE WE

VS 150

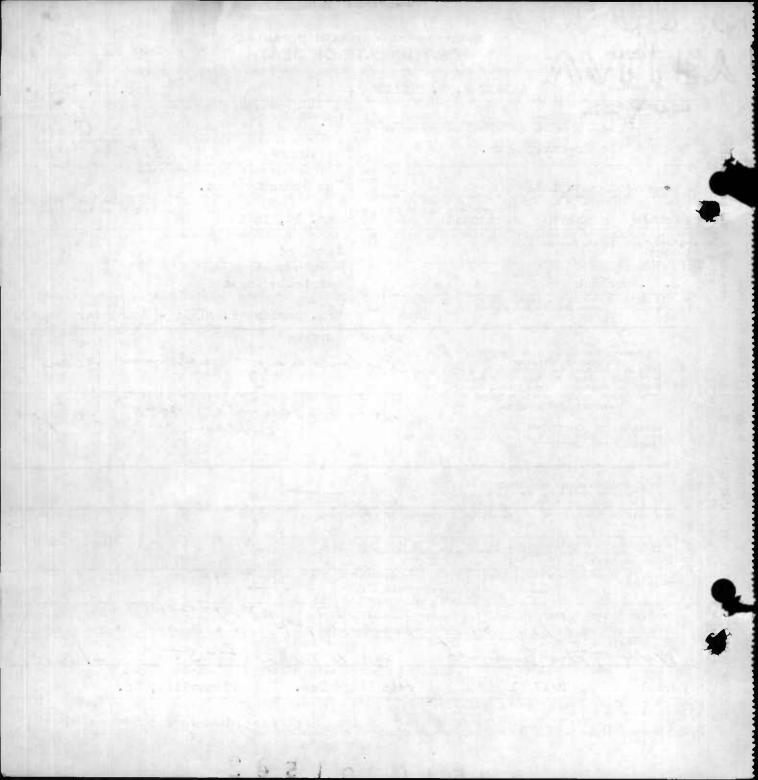
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 Registered No. 1.549

093d

| | NAME OF DEC 'ype or Print) | | ARRIE V | . S. BULLEN | | | 2. DATE OF Fe | b. 15, | 1951 |
|------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------|--------------------------------------|---------------|------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | PLACE OF DEA Baltimore City | y, Maryland | | | 4. USUAL RESIDE | NCE (Who | | . If institutio | |
| H | FULL NAME OF OSPITAL OR ISTITUTION The | Greenway | | ion, give street address or location) | c. CITY OR TOWN Baltimore | (If or | itside corporate li | mits, write R | URAL and give township) |
| c. | Length of stay | y in Baltimore | | Yrs. Mos. Days | D. STREET ADDRE | | | | |
| 5. | female 6. | color or RACE white | | E. MARRIED. /ED, DIVORCED (Specify) 9d | B. DATE OF BIRTH | | 9. AGE (In years last birthday) 88 | ff Under 1 Year Months Day | If Under 24 Hours Hours Min. |
| 1C work | A. USUAL OCCU k done during most of wo none | PATION (Give kind of orking life, even if retired) | 10B. KINE | O OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (S | State or fore | ign country) | | IZEN OF AT COUNTRY |
| 13 | J. J. Hurl | | | | 14. MOTHER'S MA Henrietta J | | 1E | | |
| 15 (Ye | MAS DECEASED | EVER IN U.S. ARME (If yes, give war or date | FORCES? | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Mrs. Rowlan | d Y. M | ills - 4 | ADDRESS | |
| ICATION | (This does no heart failure, injury or col AN DISEASES O RISE TO THE | OR CONDITION EADING TO DEA to mean the mode of asthenia, etc. It mes mplication which ITECEDENT CAUS R CONDITIONS, I ABOVE CAUSE (A) G CONDITION LA | (A) Cul | monar monar crioscler | | | - 30 | et and death | |
| CERTIFI | TRIBUTING TO | II NIFICANT COND THE DEATH, BUT ASE OR CONDITION | NOT RELATE | D | | | | | |
| AL | 19A. DATE OF | OPERATION 1 | 9B. MAJOR | EINDINGS OF OPER | ATION | | | 20 YES | AUTOPSY? |
| EDIC | | T WAS UNDER- CONTRIBUTING ATH | 21B. PL/about home, | ACE OF INJURY (e. g., ic farm, factory, street, office bldg., e | or 21c. WHERE D tc.) INJURY OCCUI | ID (If | in Baltimore Cit | | The same of the sa |
| Σ | 21D. TIME (Mo OF INJURY | onth) (Day) (Year | | 21E. INJURY OCCURRI | 21F. HOW DID | INJURY | OCCUR? | | |
| | 22. I hercby of deceased alive | certify that I att | tended the | deceased from E | 727 , 195 red at 13° Pm., | to T | causes and or | n the date. | stated above. |
| | Willie | 9. Je | no | M. D. | 11 W.2 | g The | 54. | 230.5 | 16/5/ |
| TU | 4A. BURIAL, CRE ON, REMOVAL (Spec Surial | 2/17/5 | | 24c NAME OF CEMETE Druid Rid | RY OR CREMATORY | 24b. LOC | sville, M | | (State) |
| | ATE RECEIVED E | R Line Ali | 8 H115 | IRE | 25. FUNERAL DIRE | Licks | nest In | ADDRE | alto. |



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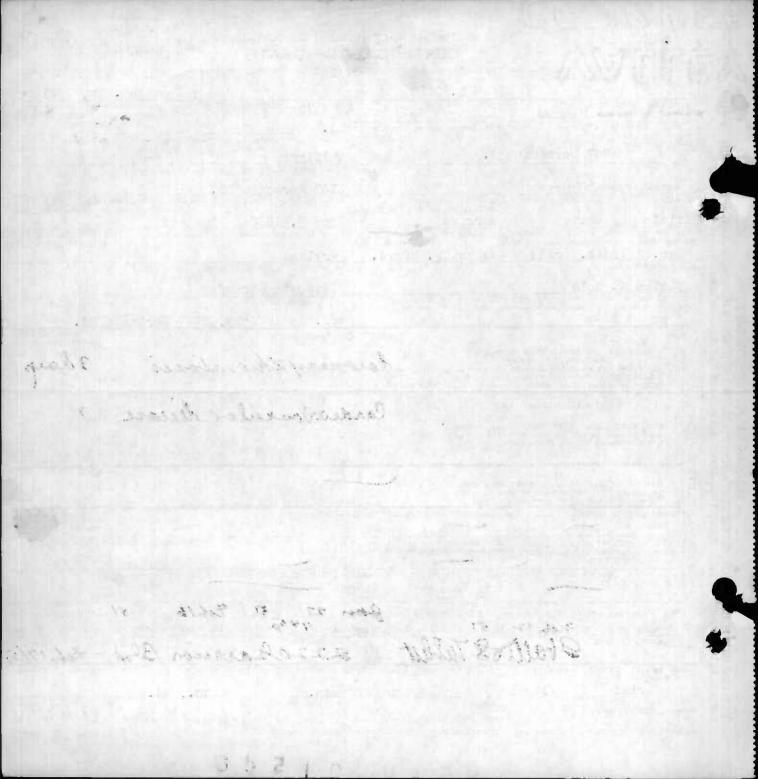
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

550

| | .7 | 0 |
|------------|-----|-----|
| Registered | No. | _E. |
| registered | 110 | |

| 1. NAME OF DECEASED (Type or Print) JOHN S. COLE | 2. DATE OF Feb. 16, 1951 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. PLACE OF DEATH: A. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence b. STATE before admission |
| | d. |
| INSTITUTION | C. CITY OR TOWN (If outside corporate limits, write HURAL and give township |
| | altimore |
| Mos. | STREET ADDRESS (If rural, give location) |
| c. Length of stay in Baltimore Days 3 | 747 Nortonia Rd. |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. | DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours In II Under 24 Hours II Under 24 |
| male white married J | une 7, 1868 82 |
| 10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR look done during most of working life, even if retired) | 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| Coo (Marco (-13) (7 - 7) | aryland WHAT COUNTRY |
| 3. FATHER'S NAME | 4. MOTHER'S MAIDEN NAME |
| William A. Cole | lizabeth Shroud |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL | 7. INFORMANT ADDRESS |
| SECURITY NO. | The state of the s |
| 18. // 200 / . CAUSE OF | rs. Mamie Cole, 3747 Nortonia Rd. |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) | nary thrombosis 3 days |
| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO | |
| | |
| ANTECEDENT CAUSES | . (.) . ! |
| ANTECEDENT CAUSES DISEASES OR CONDITIONS IF ANY GIVING | vorseulor dinone ? |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO | wovosenlor dinere ? |
|) DISEASES OR CONDITIONS, IF ANY, GIVING | wovoseulor dinere ? |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST, (C) | wovoseulor dinere ? |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (C) OTHER SIGNIFICANT CONDITIONS CON- | woosenlor dinere ? |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED | w.Vosenlor dinone ? |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST, (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. M | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST, (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. g., in or | ION 20. AUTOPSY? YES NO 21c. WHERE DID (If in Baltimore City, give exact location) |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. g., in or | ION 20. AUTOPSY? YES NO 21c. WHERE DID (If in Baltimore City, give exact location) |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | ION 20. AUTOPSY? YES NO 21c. WHERE DID (If in Baltimore City, give exact location) |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE | ION 20. AUTOPSY? YES NO |
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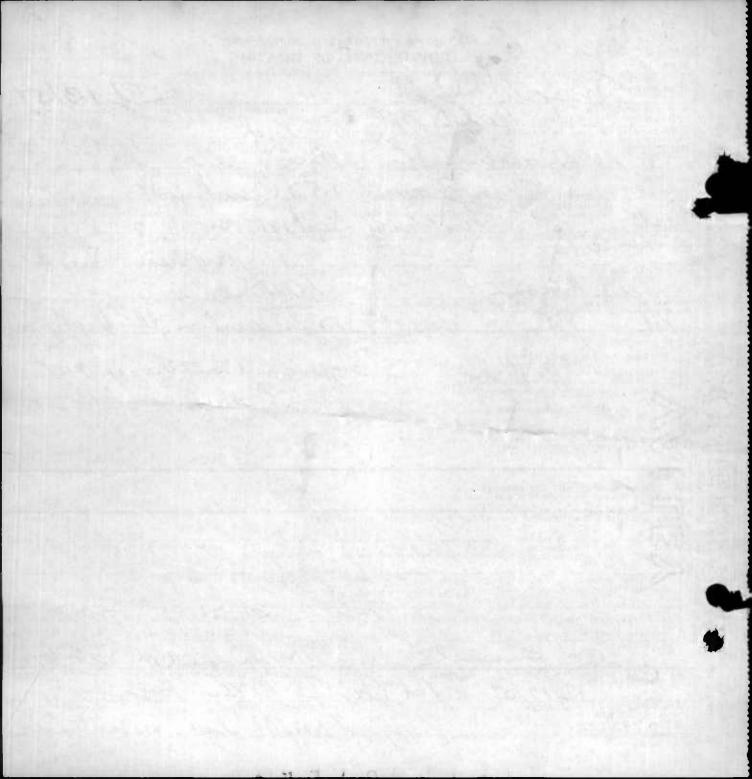
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| supplied | 3. PLACE O | F DEATH: re City, Maryland | Balto | - Wel | 4. USUAL RESI | DENCE (Wher | e deceased lived, l | f in attorion : resider before admi | |
| ly su | B. FULL NA HOSPITAL INSTITUTION | QR. | tal or institution, | give street address of location | | VN (If out | side corporate lim | its write RURAL ar | |
| oly. | 42 |) enas Ho | 3 | Yrs. | D. STREET ADD | RESET (If A) | n give location) | tow | nship) |
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| should harly | M | W | MIDOWE | DIVORCED (Specify | 7-17- | - 4 | last birthday) | onths Days Hours | |
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| information s of death cl | 13 FATHER | S NAME | 1+ | . General | 14. MOTHER'S M | MAIDEN NAME | 9 | th. | 11 |
| nfor of d | 15. WAS DEC | EASED EVER IN U. S. ARME | D FORCES? 1 | 6. SOCIAL SECURITY NO. | 17. INFORMANT | one s | 1 | ADDRESS 3.8 | 12 |
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| 1 | injury | or complication which ANTECEDENT CAU | | Elid | Vrem | in | 4 | | |
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| WITH rtant. | A 194. DA | 31-51 | any | NDINGS OF OPE | Lay Lee | - Sang | reme to | YES YES | 10 |
| ILY, WITH important. | O LYINGE | CIDENT WAS UNDER. J OR CONTRIBUTING OF DEATH | | OF INJURY (e. g., ,factory,street,office bldg. | | | Baltimore City, | give exact location | 1) |
| Fi | 2 1D. TIM OF INJU | ME (Month) (Day) (Year URY | 100 | E. INJURY OCCURE | | ID INJURY O | CCUR? | | Tie. |
| 25 | 22. I he | ercby certify that I at | m. wo | ORK AT WORK | | SV to 2 | 195 | , that I last sa | an the |
| | decease | delive on 1-15 | | d that death occu | rred at 2115 | | | the date stated a | bove. |
| W. | 6 | lovard 1 | . when | м. D. | 238 AGDRESS | Hon | P | 23c. DATE SIC | SNED |
| PLEASE W. | TION, REMOV | AL (Specify) | -5/ Q | MAME OF CEMET | RY OR CREMATOR | Y 240 LOCA | DON (City, tow | n, or county) (S | tate) |
| PLE | DATE RECE LOCAL REC | 4-00 | S SIGNATURE | see. M. | 25. FUNERAL D | IRECTOR | J | ADDRESS | 7 |
| | FED 1 | | . , . / // // / / / / / / / / / / / / / | 7 | ysy1. | 2001 | 1500 | in a land | 44 \8 |

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| OR BINDING item of information shown item of information shown item. It is supplied. The lecauses of death clearly and it. | 51. 1552 BIRTH NO. | CERTIFICATE OF | | 51. 1.552 stered No. |
| | 1. NAME OF DECEASED (Type or Print) | Hell | 2. DATE OF DEA | Tel 13/57 |
| | a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or | institution, give street a dress or | AL RESIDENCE (Where deceased B. CO. | |
| | HOSPITAL OR INSTITUTION /3-A Caro | looption | OR TOWN (Frutside corpo | orate (mits, write RURAL and give township |
| | c. Length of stay in Raltimore | Mos. Days 15 | S Our les | eation) |
| | Male 6. COLOR OR RACE 7. | SINGLE, MARRIED, WIDOWED, DIPORCED (Specify) | | years if Under I Year if Under 24 Hours hday) Months Days Hours Min. |
| | 10A. USUAL OCUPATION (Give kind of work done during to set a writing bioreven if retired) | | HPLAGE (State or foreign country | y) 12. CITIZEN OF WHAT COUNTRY |
| | 13. FATHER'S NAME | 14. MOTI | HER'S MAIDEN NAME | 2 1.00 |
| | 15. WAS DECEASED EVER IN U. S. ARMED FO. (You, no or unknown) (If you give wer or dates of se | RCES? 16. SOCIAL SECURITY NO. 17. INFO | RIANT 0 | ADORESS P. |
| | 18. 443× | CAUSE OF DEA | тн | INTERVAL BETWEE |
| E-2 | DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the | ing, e.g., (A) | Tensie Leathle | seine 14 |
| MARGIN RESER | injury or complication which cause | d death.) DUE TO | | |
| | DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. | | | |
| | D L | (C) | | |
| | OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAN | RELATED | | |
| | 7 | MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) 21b. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg, etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? | | | |
| | 21b. TIME (Month) (Day) (Year) (Ho OF 1NJURY | m. WHILE AT NOT WHILE MORK AT WORK | HOW DID INJURY OCCUR? | |
| | 22. I hereby certify that I attended the deceased from, 195, to 2 - 13, 195, that I last saw the deceased alive on, 19, and that death occurred at, from the causes and on the date stated above | | | |
| | 23A, SIGNATURE C. Bur | 238. ADDR | | 7. 23c. DATE SIGNED |
| PLEASE WI | TION, REMOVAL (Specify) | 240 NAME OF CEMETERY OR CRE | Burke | Sity, town, or county (State) |
| PLE | DATE RECEIVED BY REGISTRAR'S SI LOCAL REGISTRAR | GNATURE 25. FUNE | eral director | address) |
| | VS 150 | 97099 | 700 | 093d |



1553 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR corporate limits, write RUKAL and give location) C. CITY OR TO INSTITUTION Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. 6. COLOR OR RACE AGE (In years If Under I Year II Under 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) narries 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IV. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Kome 13 FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED FOR IN U. S. ARMED FORCES Yes, oo or unknown] (If yes, give war or dates of service) FORCES? 16. SOCIAL (Yes, oo or unkoown) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN 443 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. UNFADING Physicians: L 11 RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: K YES 21B. PLACE OF INJURY (e.g., io or) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK 1947 to Feb 15, 19 SI, that I last saw the File 22. I hereby certify that I attended the deceased from__ deceased alive on Folk, 1951, and that death occurred at 1:452m., from the causes and on the date stated above 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

Dr. Swiss 6232 Belair

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Mobbie (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) outside corporate limits, worte RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore hey Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE In years Il Under 1 Year Il Under 24 Hours AGE (In years | | Under | Year | || Under 24 Hours | last birthday | Months: Days | Hours | Min. WIDOWED, DIYORCED (Specify) BINGLE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Home 13. FATHER'S NAME MOTHER'S MAIDEN NAME ashe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO 3506 ELMI 18. 304x CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO JNFADING physicians: p UNDERLYING CONDITION LAST. (C)/ RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR ENDINGS OF OPERATION ILY, WITH important. 4 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 1931, that I last saw the 1950 to 786 22. I hereby certify that I attended the deceased from. 1951, and that death becurred at 730 Am., from the causes and on the date stated above deceased alive on 56 7 23A. SIGNATURE 23B. ADDRESS 23c DATE SIGNED 24A. BURIAL, CREMA-246 NAME OF CEMETERY OF CREMATORY 24B. DATE 24D. LOGATION (City, town, or county) Durial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 5

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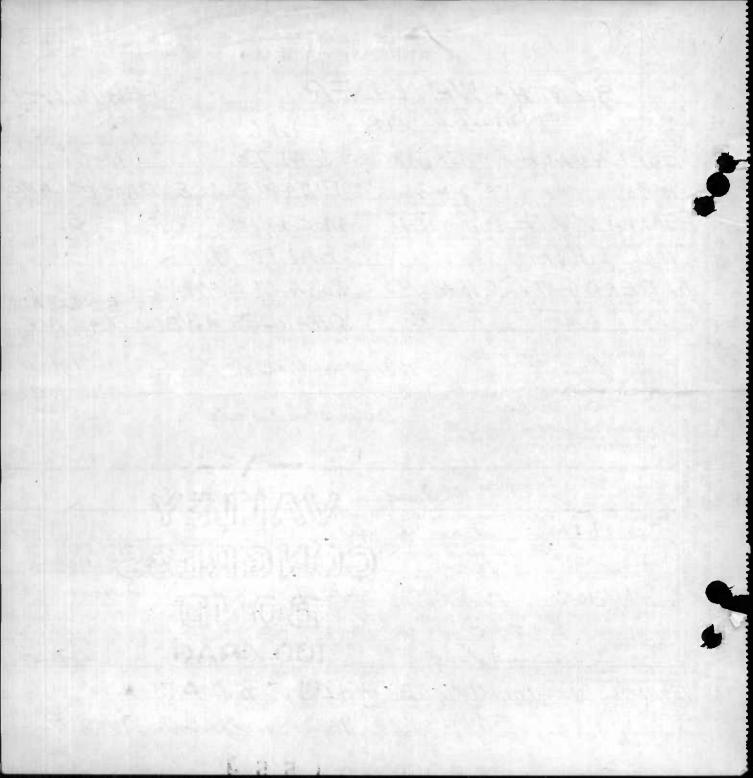
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| he | 51RTH NJ.55 | 5 | CERTIFIC | ATE OF DEATH | Registered | No. |
| I pe | 1. NAME OF DEC | mrs. | many of | rost. | 2. DATE OF DEATH | 171951 |
| supplied. | a. Baltimore Ci | ty, Maryland | al or institution, give street addr | 4. USUAL RESIDENCE A. STATE Many | Where deceased lived, I: B. COUNTY | institution: residence before admission) |
| ally s | HOSPITAL OR | neray 1 | | 42 \ | (If outside corporate limi | tspwrite RURAL and give township) |
| ibl | c. Length of sta | y in Baltimore | V | Yrs. O. STREET ADDRESS (Mos. Days | (If rural, give location) | |
| | | While | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (S | B DATE OF BIRTH | 9. AGE (In years last birthday) M | If Under Year on the Days Hours Min. |
| on sho | Work done during most of v | vorking life, even if retired) | 10B. KIND OF BUSINESS O | | r foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| VDING information sh | 13 FATHER'S NA | Eashma | n & | 14. MOTHER'S MAIDEN | the Furey | |
| BINDIN of infor | (Yes, no or unknown) | EVER IN U. S. ARMED (If yes, give war or dates | FORCEST 16. SOCIAL SECURITY | NO. 17. INFORMANT | 0, | DDRESS |
| RESERVED FOR GINK. Every item: please write the cau | (This does in heart failure injury or conjury or conjur | OR CONDITION EADING TO DEAT not mean the mode of asthenia, etc. It mea omplication which c NTECEDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA | DIRECTLY TH f dying, e. g., as the disease, aused death.) DUE TO TES FANY, GIVING STATING THE DUE TO | se of DEATH Deveralized Caro Exoph | inome of | interval between onset and death 2-3 his |
| MARGIN UNFADINO Physicians: | OTHER SIG | II SNIFICANT CONDITO TO THE DEATH, BUT EASE OR CONDITION | NOT RELATED | | | |
| hd . | 19A. DATE OF | OPERATION 1 | the contraction | cinoma Esqs | hagus. | YES NO |
| LY, WIT | | NT WAS UNDER- CONTRIBUTING EATH | 218. PLACE OF INJURY (about home, farm, factory, street, office | | (If in Baltimore City, | give exact location) |
| VL.Y imp | 210. TIME (M OF INJURY | onth) (Day) (Year) | WHILE AT NOT | URRED 21F, HOW DID INJU | JRY OCCUR? | |
| FE F Spect | deceased all | re on the | ended the deceased from | occurred at m., from | the causes and on t | , that I last saw the he date stated above. |
| Wh | 23A. SIGNATU | sank 1 | Lank M. H | | pospilal | 23c. PATE SIGNED 17 175/ |
| PLEASE W | TION REMOVAL (Sp. | (ify) 2/20/ | 51 Me Hay | he Con - MAT | HOLE M. | · y. |
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BALTIMORE CITY HEALTH DEPARTMENT

1557

| В | IRTH NO. | | CERTIFICAT | E OF DEATH | Registered No | |
|--------------|---------------------------------------------------------|--------------------------------|-------------------------------------------------------------------|-------------------------------|--------------------------------------|------------------------------------------------|
| 1. | NAME OF DECEASED | · Teah | el Loza | | 2. DATE OF 2/1 | 7/51 |
| | PLACE OF DEATH: Baltimore City, Mar | | el Lucu | 4. USUAL RESIDENCE (| DEATH Where deceased lived. If inst | titution : residence before admission |
| H | FULL NAME OF (If n OSPITAL OR NSTITUTION M | ot in hospital or instit | ution, give street address o | | f outside corporate limits, w | |
| 4 | 33~ | d + call | sest sta Yrs. | O. STREET ADDRESS (II | e 2 | township |
| | Length of stay in Ba | | Was Days | 24 19 m | myland a | ue |
| 5 | SEX 6.COLOR | | LE MARRIED, WED, DIVORCED (Specify | 8. DATE OF BIRTH Nov 12 1873 | 90AGE (in years last birthday) Month | er I Year If Under 24 Hours S. Days Hours Min. |
| TO WOT | DA. USUAL OCCUPATION | (Give kind of oven if retired) | ND OF BUSINESS OR | II. BIRTHPLACE (State or 1 | oreign country) 12 | CITIZEN OF WHAT COUNTRY |
| 13 | B. FATHER'S NAME | | | 14. MOTHER'S MAIDEN N | IAME | UOA |
| | 5. WAS DICEASED EVER IN | n Layo | evue | minnie | morde | cai |
| (Ye | (If yes, giv | e war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDI | RESS |
| | 18. /53 X | 1 | / | OF DEATH | | INTERVAL BETWEEN |
| | | NOITION DIRECTLY TO DEATH | W | valuado ad | emino) | 2 |
| A | heart failure, asthenia, injury or complication | etc. It means the disea | ase, | | asiv | |
| | ANTECEDI | ENT CAUSES | | arcinoma of desce | nding colon (2) | (0,000) |
| NO | DISEASES OR COND | | ING | arcanoma or desce | nating coton (1) | (over) |
| ERTIFICATION | UNDERLYING CON | DITION LAST. | THE OUE TO (C) | **** | | |
| IFIC | | 11 | | | - | - |
| ERI | OTHER SIGNIFICAN | T CONDITIONS CO | TEO | | | |
| U | 19A. DATE OF OPERAT | | R FINDINGS OF OPE | | | 20. AUTOPSY? |
| EDICAL | 12-29-50 | Deveral | | abdomine care | | YES NO L |
| MEDI | 21a. ACCIDENT WAS LYING OR CONTRIE CAUSE OF DEATH | | _ACE OF INJURY (e. g., e, farm, factory, street, office bldg., | | If in Baltimore City, give | exact location) |
| | OF INJURY (Month) (D | ay) (Year) (Hour) | 2 IE. INJURY OCCURR | | Y OCCUR? | |
| | | m. | WORK AT WORK | | 0/17/21 | |
| | deceased alive on 2 | that I attended th | e deceased from | 126/50, 10 , to | | hat I last saw th |
| | 23 RSIGNATURE BU | ch | | 23B. ADDRESS | . 011. | 3c. DATE SIGNED |
| 2 | 4A. BHRTAL CREMA- 24 | B DATE | M. O. | BY OR CREMATORY 240 | OCATION (City town or | AIITISI |

DATE RECEIVED BY LOCAL REGISTRAR 951

REGISTRAR

Fileral Director Address plants Sondheim 1902 Entant

ive there in deceased classes duting any and ston g-llproteble princery set of medyning Il possible, plence sonte a more definite anatomical location of the absorbed concensorator See Document File 51-1557 3/7/51 ES

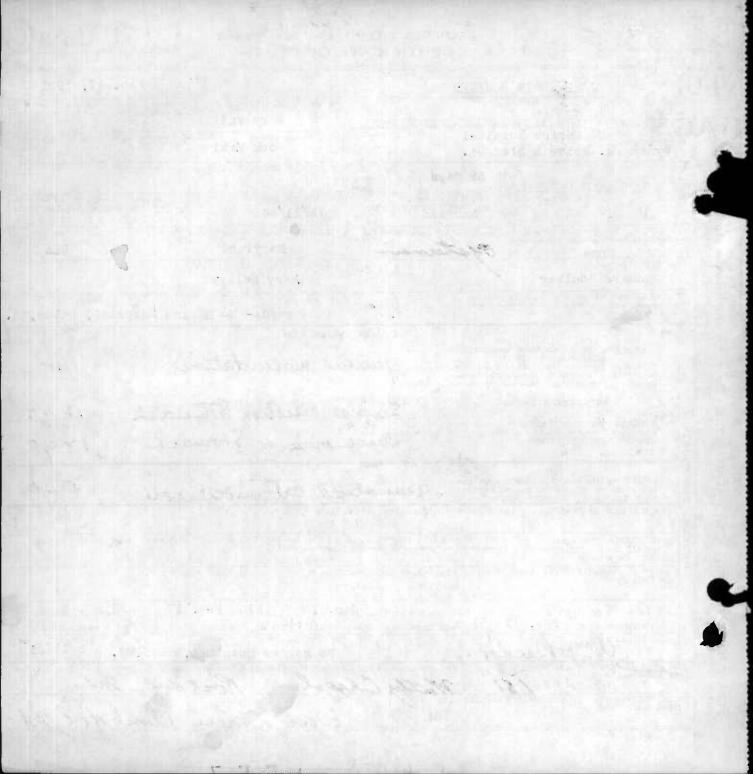
MARGIN RESERVED FOR BINDING

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| (T | NAME OF DECEASED ype or Print) PLACE OF DEATH: | onett | e Tomalovit | | | .15,1951 |
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| A. B. | Baltimore City, Maryland | al or institut | cion, give street address or location) | A. STATE | E (Where deceased lived, B. COUNTY | before admission) |
| IN | 404 S. Stri | cker | | Balt: | imore | mits write RURAL and give township) |
| - | Length of stay in Baltimore | 45 | Days | - 404 S. S | (If rural, give location) Stricker St. | |
| | F. W. | | E, MARRIED. VED, DIVORCED (Specify) I ed | 8. DATE OF BIRTH 12/27/1884 | 9. AGE (In years last birthday) | Months Days Hours Min. |
| MOLF | A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) Home Duties | IOB. KINE | O OF BUSINESS OR INDUSTRY | Posen, Pola | | 12. CITIZEN OF WHAT COUNTRY |
| 13 | FATHER'S NAME Joseph Kubs | ki | | 14. MOTHER'S MAIDE Mary Rayb | N NAME | |
| 15 (Yes | was DECEASED EVER IN U. S. ARMED (If yes, give war or dates | FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | Wallachen 7 | ADDRESS |
| | 18. 59 x x | | CAUSE | Mrs Marie. A | . McMechen, 1 | INTERVAL BETWEEN |
| | (This does not mean the mode of | dying, e. i | B., (A) | | | 3 myls |
| CERTIFICATION | (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can also be a supported by the canonical and the canonical and the canonical and the canonical asthenia, and the canonical and the canonical and the canonical asthenia, as the canonical asthenia, as the canonical and the canonical asthenia, as th | ns the diseas aused death ES FANY, GIVIN STATING TIST. TIONS COINOT RELATI | (B) Chu | ni upini | tis with Hypu | |
| AL CERTIFICA | heart failure, asthenia, etc. It mean injury or complication which can be a support of the property of the pro | ms the diseas aused death ES F ANY, GIVIN STATING TI ST. TIONS COINOT RELATICAUSING I GAUSING I 99B. MAJOR | (B) CHANGE OF OPER | etral Lu | tis with Hypu | ting whom |
| CERTIFICA | heart failure, asthenia, etc. It mean injury or complication which can be a support of the property of the pro | ms the diseas aused death ES FANY, GIVIN STATING TIST. TIONS COPENING TELATING TELAT | (B) Chwange (B) Chwange (C) CO | RATION TO OT 2 IC. WHERE DID 1 INJURY OCCUR? | (If in Baltimore City | 6 Months |
| DICAL CERTIFICA | heart failure, asthenia, etc. It mean injury or complication which can antecedent cause (A) DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST (A) OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY | rathe diseas aused death ES FANY, GIVIN STATING TI ST. TIONS CON NOT RELATING TO STATING TO STAT | (B) (B) (B) (C) (C) (C) (C) (D) (C) (D) (C) (ED | RATION 2 IC. WHERE DID INJURY OCCUR? ED 21F, HOW DID IN. | (If in Baltimore City | C Mutto 20. AUTOPSY7 YES NO X y, give exact location) |
| DICAL CERTIFICA | heart failure, asthenia, etc. It mean injury or complication which can antecedent cause (A) DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY | rathe diseas aused death test dea | NO. (B) (C) (C) (C) (D) (C) (C) (C) (C | RATION 2 IC. WHERE DID INJURY OCCUR? ED 21F, HOW DID IN. | (If in Baltimore City | C Mutto 20. AUTOPSY7 YES NO X y, give exact location) |
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| MEDICAL CERTIFICA | heart failure, asthenia, etc. It mean injury or complication which can also be a complication with the canonic condition of the complication of the | TIONS COT NOT RELATING TO SELECTIONS COT NOT RELATING TO SELECTIONS COT NOT RELATING TO SELECTIONS COUNTY (Hour) m. 21B. PL/about home, (Hour) m. ended the 1957. | NG DUE TO (B) | RATION 2 IC. WHERE DID INJURY OCCUR? ED 21F. HOW DID IN. 21F. HOW DID IN. 23B. ADDRESS 23B. ADDRESS 26 S. Gilvery or CREMATORY 24 | (If in Baltimore City JURY OCCUR? The part of the causes and on | Jo. AUTOPSY? YES NO X y, give exact location) SI, that I last saw the the date stated above 23c. DATE SIGNED 2-16. ST |

12/27/

RCS



before admission)

If Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

township!

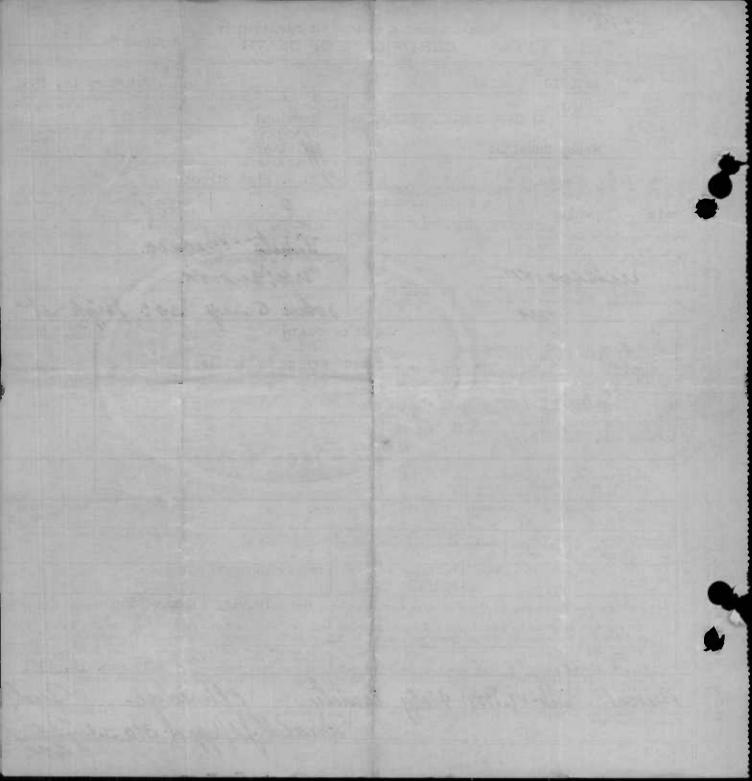
| 5-41 RTH NO. | 0 51. |
|-----------------------------------------|--------------|
| NAME OF DE | CEASED ANTON |
| PLACE OF DE Baltimore C | |
| FULL NAME O OSPITAL OR ISTITUTION | |
| 9 | Mercy |
| 4 | |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1531 Registered No.

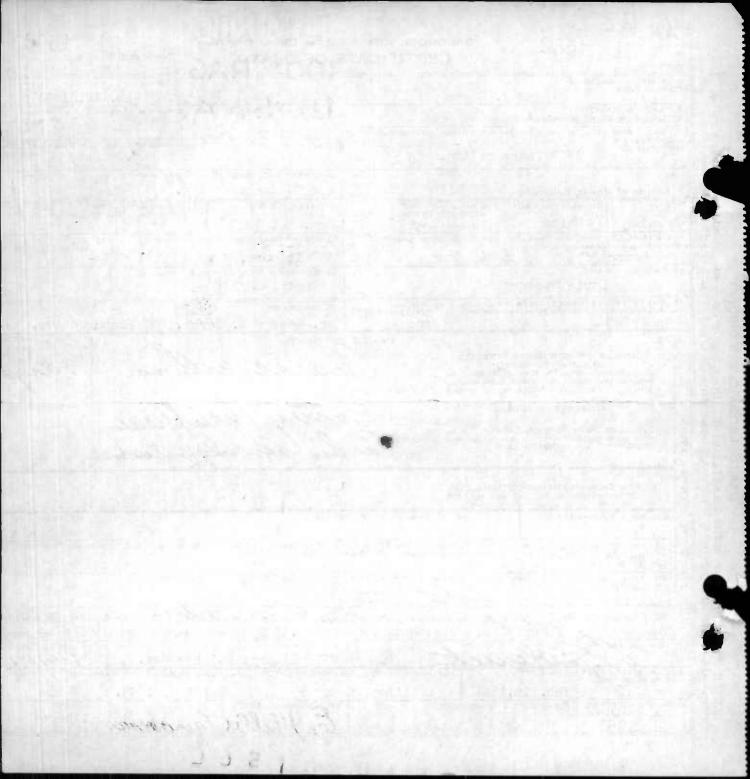
| BIRTH NO. | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 1. NAME OF DECEASED (Type or Print) ANTONT() SITUA | 2. DATE OF T. 1 |
| ANIONIO ODIVA | DEATH February 14, 1951 |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission |
| B. FULL NAME OF (If not in hospital or institution, give street address or | |
| HOSPITAL OR location) | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township |
| Mercy Hospital | Baltimore 3-02 |
| Yrs. Mos. | D. STREET ADDRESS (If rural, give location) |
| c. Length of stay in Baltimore Days | |
| 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE (In years Il Under I Year Il Under 24 Hours Min. |
| male white | 54 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| UN X NO NO NO | White Mussia |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| ukuom_ | Welsmoon |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL | 17. INFORMANT ADDRESS 4 |
| (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. | John Course 305 Heal It |
| | /interval setwee |
| 1 / 10 1 1 | OF DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | |
| (This does not mean the mode of dying, e.g., (A) UOYONS. | ry artery sclerosis |
| injury or complication which caused death.) DUE TO | |
| ANTECEDENT CAUSES | |
| (B) | |
| O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | |
| UNDERLYING CONDITION LAST. | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| OTHER SIGNIFICANT CONDITIONS CDN. | |
| TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. | |
| U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER | RATION 20. AUTOPSY? |
| <u> </u> | YES NO |
| 218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., uting Cause of Death. | |
| UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., | MOON! COCON! |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR | RED 21F, HOW DID INJURY OCCUR? |
| OF INJURY WHILE AT NOT WHILE AT WORK AT WORK | |
| | Thousand & Inchestion |
| 22. I certify that I took charge of the remains described | above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry |
| the evidence obtained by said Autopsy, Inspection or | Inquiry, find that said deceased died on the day stated above |
| | s xx. accident \(\sigma\), suicide \(\sigma\), homicide \(\sigma\), undetermined \(\sigma\). |
| 23A. SIGNATURE | 23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER |
| 24A. BURIAL. CREMA-1 24B. WATE 24C. NAME OF CEMETE | A.D. MEDICAL INVESTIGATOR Feb. 14, 1951 ERY DR GREMATORY 24D, LOGATION (City, town, or county) (State) |
| TION REMOVAL (Specify) | - + sollared - O. I |
| Bullat- Jev- 7.1981, Proly Mu | my convage his |
| DATE RECEIVED BY REGISTRANT'S SIGNATURE | 25. UNERAL DIRECTOR ADDRESS |

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| | should | sarly s |
|-----------------------------|--------------------------------------------------------|-----------------------------------------------------------------------|
| SINDING | Y, WITH UNFADING INK. Every item of information should | cial, important. Physicians: please write the causes of death clearly |
| OR F | item | le can |
| RVED F | Every | write th |
| RESE | INK. | please |
| MARGIN RESERVED FOR BINDING | UNFADING | Physicians: |
| | WITH | ortant. |
| | Υ, | dunb |
| - | PL | ciall |

| | BIRTH NO. | LERIFICAL | E OF DEATH | Registered 1 | No. |
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| | . NAME OF DECEASED Type or Print) | | | 2. DATE OF | |
| 3. | Anna M. Leyhe | | 4. USUAL RESIDENCE (| DEATH Feb. | 16, 1951 |
| | . Baltimore City, Maryland | | A. STATE | B. COUNTY | before admiss |
| H | FULL NAME OF (If not in hospital or institution IOSPITAL OR NSTITUTION | n, give street address or location) | | If outside corporate limit | to make DITTO A V |
| 7 | 4407 Penhurst Ave | • | Baltimore |) O | towns |
| | | Yrsi | o. STREET ADDRESS (I | f rural, give location) | 71 |
| | Length of stay in Baltimore Li | fe Mos. | 4407 Penhurst | Ave. | |
| | SEX 6. COLOR OR RACE 7. SINGLE, WIDOWE | MARRIED, D, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years) Me | f Under 1 Year If Under 24 |
| | remale White Marr | i ed | Oct. 14, 1887 | 63 yrs | Tiours N |
| vor | a done during most of working life, even if retired) | OF BUSINESS OR INDUSTRY | | | 12. CITIZEN OF WHAT COUNT |
| 13 | Housewife At Horas At | ne | Baltimore, Md | • | |
| | Louis Steckruth | | Lottie Pfaff | | |
| 15 | 5. WAS DECEASED EVER IN II S ARMED FORCES? I | 16. SOCIAL | 17. INFORMANT | | |
| (Ye | es, no or unknown) (If yes, give war or dates of service) | None | Mr. George C. L | | DDRESS |
| | 18. 42011 | CALLCE | OF DEATH | 0,1110 9 1 10 1 1 011 | INTERVAL BETW |
| 7 | LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES | OUE TO | maru in | u. II. | |
| CATION | injury or complication which caused death.) | OUE TO OUE TO OUE TO (C) (C) | mary ins | afficience dista | , |
| CERTIFICATION | neart failure, astnema, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OBSTATE, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | OUE TO (B) OUE TO (C) | mary ins dis vasent | afficie | |
| CERTI | neart failure, astnema, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | OUE TO (B) OUE TO (C) TINDINGS OF OPER | onary ins Lio vasent | Juffienes | 20. AUTOPSY |
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| DICAL CERTI | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FOR CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSING IT. 21A. ACCIDENT WAS UNDER. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (MONTH) (MO | (B) OUE TO (C) FINDINGS OF OPER E OF INJURY (e. g., in m, factory, etreet, office bldge | 2 or 21c. WHERE DID (INJURY OCCUR? | | YES NO |
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| MEDICAL CERTI | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OBEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FOR CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased alive on 23A. SIGNATURE | OUE TO (C) OUE TO (C) FINDINGS OF OPER E. OF INJURY (e.g., in, factory, atreet, office bldg., e.g., factory, atreet, of | 21c. WHERE DID (No.) INJURY OCCUR? ED 21f. HOW DID INJUR 21f. HO | y occur? The causes and on the causes Ave. | YES NO Notive exact location) Notive exact location Notive exact location Notive exact location Notive exact location Notice exact location Notice exact location Notice exact location |
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| MEDICAL CERTI | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FOR CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSING IT. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21A. TIME (Month) (Day) (Year) (Hour) 21 OF INJURY WH M. WH | OUE TO (C) CO (C) FINDINGS OF OPER E OF INJURY (e.g., ir m, factory, atreet, office bldge E. INJURY OCCURRE ILLE AT NOT WHILE FORK AT WORK C. NAME OF CEMETER Baltimore Co | 21c. WHERE DID (No.) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR. 21f. HOW DID INJURY | y occur? The causes and on the causes Ave. | yes No |
| MEDICAL CERTI | ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FOR CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21 OF INJURY MADE CAUSE OF CONTRIBUTION CAUSING IT. 22. I hereby certify that I attembed the deceased alive on CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OR CAUSE OF CAU | OUE TO (C) CO (C) FINDINGS OF OPER E OF INJURY (e.g., ir m, factory, atreet, office bldge E. INJURY OCCURRE ILLE AT NOT WHILE FORK AT WORK C. NAME OF CEMETER Baltimore Co | 21c. WHERE DID (No.) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? Tred at 6.15 M., from to 38. Address 4710 Liberty Heiry Occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence occurren | the causes and on the causes and contact Ave. | yes No |



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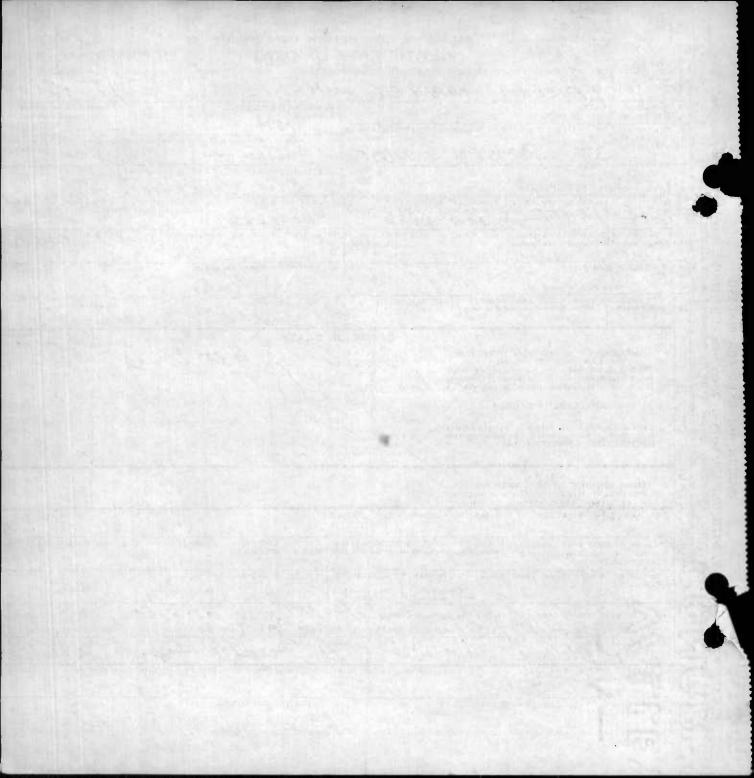
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item

BINDING

FOR

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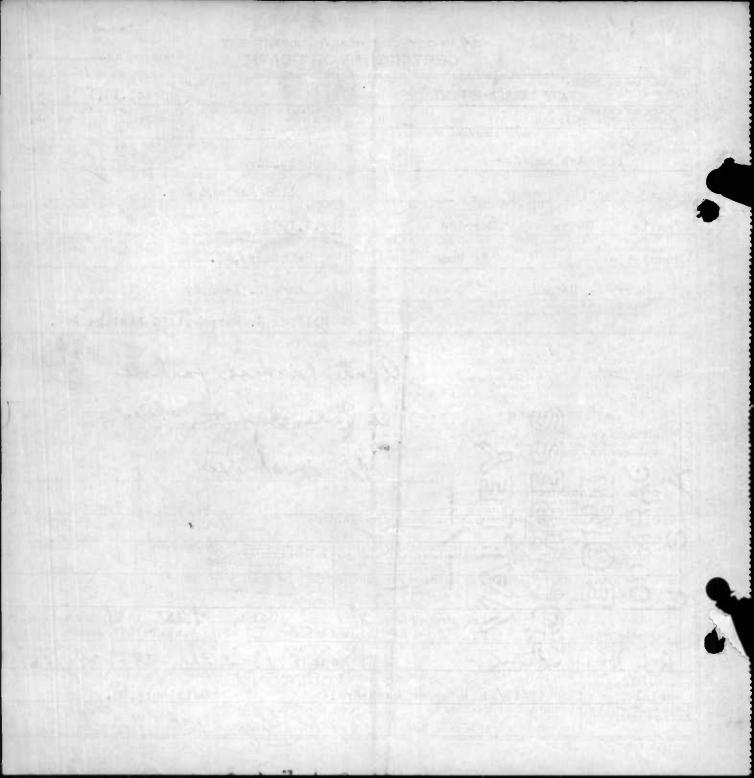
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| 5: | 1 | 1 | 5 | 6 | 1 |
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Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Feb. 16, 1951 MARY TERESA MURPHY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 1126 Ashland Ave Baltimore Yrs. D. STREET ADDRESS (If rural, give location 1126 Ashland Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female White Married Apr.6,1902 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY INDUSTRY Housewife Baltimore, Md. At home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry J. HannOn Anna T. Kennedy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or uoknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, oo or uoknowo) SECURITY NO No William J. Murphy, 1126 Ashland Ave. INTERVAL BETWEEN CAUSE OF DEATH 18. 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CA UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? mportant. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 1951, to. 22. I hereby certify that I attended the deceased from. and that death occurred at & A -. m., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY New Cathedral Burial Baltimore. Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR BV\$ 15095



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| | 1 20. | 12.000 |

BALTIMORE CITY HEALTH DEPARTMENT

| 51 | 1565 |
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| Registered | |

| | BIRTH NO. CERTIFICATE OF DEATH Registered No | |
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| | | |
| | (Type or Print) MARY (FILES) SCHARDAY | 1951 |
| | 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution) | /5/ |
| | A. Baltimore City, Maryland | n : residence efore admission) |
| | B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) | |
| | INSTITUTION (If outside corporate limits, write in | URAL and give |
| | Union MEMORIAL HOSPITAL COCKEYSVILLE | township |
| ۱ | Yrs. D. STREET ADDRESS (If rural, give location) | |
| | c. Length of stay in Baltimore 46 Mos. IVY HILL ROAD. RATE | |
| | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) # Under 1 Year | |
| 7 | F WIDOWED DIVORCED (Specify) Jan 7, 1905 last hirthday) Months: Day | Hours Min. |
| | | ZEN OF |
| | house wife | COUNTRY |
| | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME | - 11 |
| | I AA C 'h | |
| | JOSEPH IV. SMAIL HVARILLA TEMPLE 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL TO INFORMANT ADDRESS | |
| | (Tes, no or unknown) (If yes, give wer or dates of service) SECURIT NO. | |
| | Ululumon | |
| | | RVAL BETWEEN |
| | | I AND DEATH |
| | (This does not mean the mode of dying, e.g., (A) ACUTE VEILOW ATROPHY | |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO A CUTE VELOW ATROPHY DUE TO | |
| | g ~10B/C | |
| | Z ANTECEDENT CAUSES (B) VIRAL HEPATITIS | |
| | O DISEASES OR CONDITIONS, IF ANY, GIVING | |
| | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | |
| | (c) | |
| | | |
| | OTHER SIGNIFICANT CONDITIONS CON- | |
| | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| | | AUTOPSY? |
| | YES | NO L |
| ı | 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact | t location) |
| | LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) INJURY OCCUR? | |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | |
| | OF INJURY WHILE AT NOT WHILE | |
| | m. WORK AT WORK | |
| | 22. I hereby certify that I attended the deceased from Jan. 29, 1951, to 120, 1957, that I | |
| | deceased alive on 720 1), 19 SI, and that death occurred at 2:15 p.m., from the causes and on the date | |
| 4 | 23A SIGNATURE 23B. ADDRESS 25B. | stated above |
| | 7. | ATE SIGNED |
| 1 | Francis Housell Wate M.O. Union Memorial Hosp 2-1 | 7-5/ |
| | Francis Housell Wate M.O. Union Memorial Hosp 2-1 | 7-5/ |
| | Francis Hansel Wate M.O. Union Memorial Hosp 2-1 | 7-5/ |
| | James Housel Vale M. D. Vuon Memorial Hosp 2-1 24a. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county TION, REMOVAL (Specify) D/20/51 St. gnatues Hickory, May DATE RECEIVED BY REGISTRATE SIGNATURE 125, FUNERAL DIRECTOR ADDRE | 7-51 (State) |
|) | 24a. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or country) Duriel 3/20/51 St. Ignatues Hickory, man | 7-51 (State) |

VS 150

Frank H. Yurel, Pikesville mel



23A. SIGNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify) 48. DATE

| × 120 | |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 5 1 1566 BALTIMORE CITY HE | 51 1566 |
| 2.000 | ALIN DEPARIMENT |
| BIRTH NO. CERTIFICATI | E OF DEATH Registered No. |
| 1. NAME OF DECEASED | 2. DATE |
| (Type or Print) FILLIP DAVIS | OF DEATH 2 -/7-5/ |
| 3. PLACE OF DEATH: Rollimore City Manyland | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence |
| A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or | A. STATE B. COUNTY before admission) HARYLANG |
| HOSPITAL OR location) | C. CITY OR TOWN (If outside corporate limits, write RURAL and give |
| MERCY HOSPITAL | B9470. 7-7-17 township) |
| Yrs. | D. STREET ADDRESS (If rural, give location) |
| c. Length of stay in Baltimore LIFE Mos. Days | SOON PALMER AJE |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE (in years H Under I Year H Under 24 Hours last birthday) Months; Days Hours Min. |
| Male White Married (Specify) | 3/23/1905 last of the bays hours min. |
| IOA. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| TEST | Chicago ILL WHAT SOUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Danis Fools | ESTHER |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT ADDRESS |
| Po SECORITY NO. | ANITY DQUIS- SOOS POLMER AJE |
| 18. H CAUSE | OF DEATH INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY | 7 6 4 |
| (This does not mean the mode of dying, e.g., (A) | 9.0.17. |
| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | |
| ANTECEDENT CAUSES | 1 X moe. |
| (B) CARO | nary alexusian. |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | recoverne a DONVED BY |
| UNDERLYING CONDITION LAST. | MEASURING APPROVED |
| | OCENIFICATION. |
| OTHER SIGNIFICANT CONDITIONS CON- | MINER |
| TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | AST. MEDICA EXAMINER |
| 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER | ATION 20. AUTOPSY? |
| none no | YES NO X |
| 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., c | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR | ED 21F. HOW DID INJURY OCCUR? |
| OF INJURY WHILE AT NOT WHILE AT WORK AT WORK | |
| | D.O. A., 19 , to 2 - 17 , 1951, that I last saw the |
| 22. I hereby certify that I attended the deceased from deceased alive on | red at / m., from the causes and on the date stated above. |
| , 15 ara that death occur | no, from the chases and on the date stated above. |

Burney 2/18/1951 Brai Iral Balt. Ma DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE FULL Seuro One - 2100 Evans

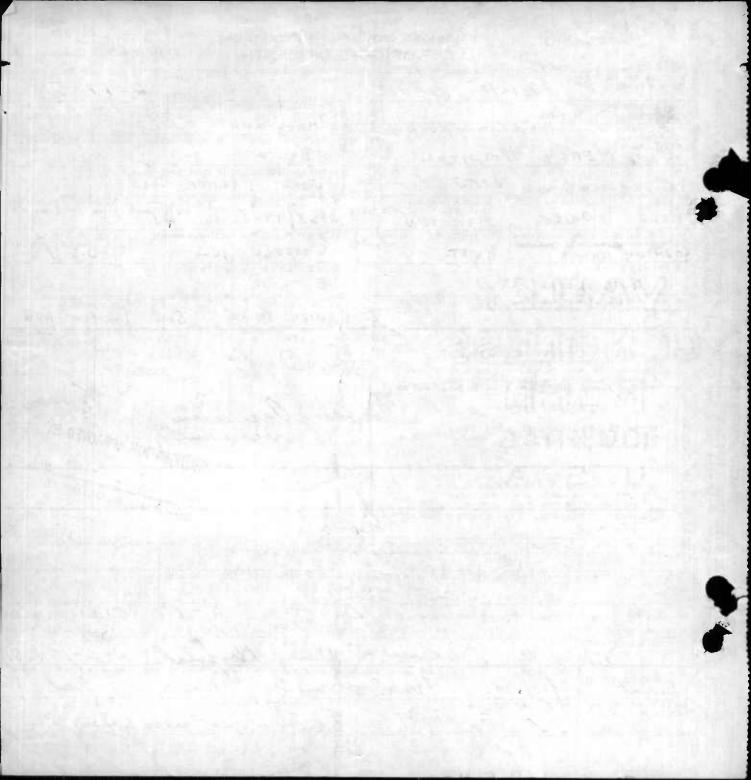
24c, NAME OF CEMETERY

23m ADDRESS

OR CREMATORY

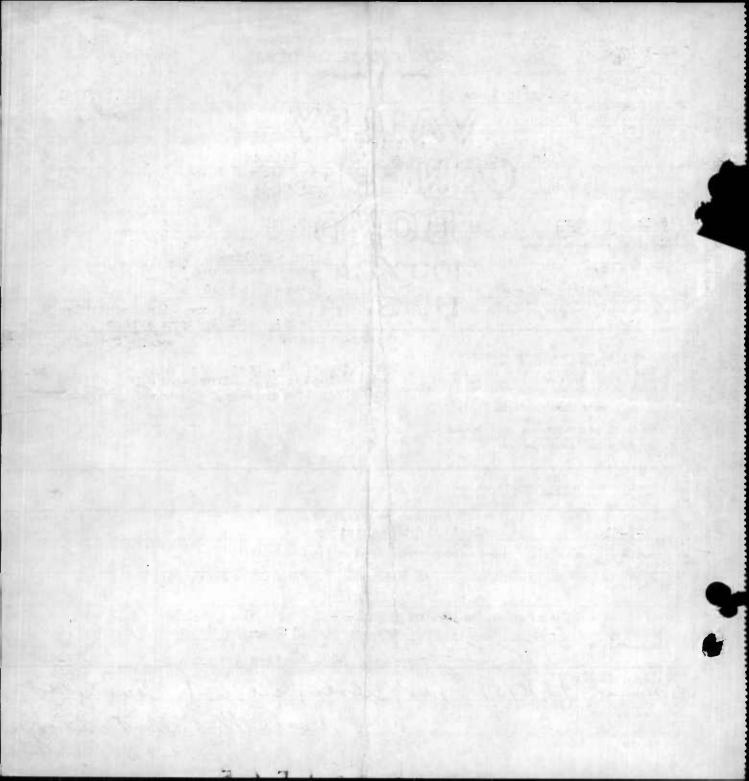
23c. DATE SIGNED

240 LOCATION (City, town, or county)



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| | ND-14470 | 51 1.567 | BAI | | EALTH DEPARTMENT | Registered N | 1.56 | 7 |
| | BIRTH NO. | | | CERTIFICATI | E OF DEATH | Registered N | 0 | |
| - 11 | 1. NAME OF | DECEASED | | | | 2. DATE | | |
| | (Type or Print) | Carrie | Shaw | | | OF Feb.] | 5 1951 | |
| | 3. PLACE OF | | | | 4. USUAL RESIDENCE (W | here deccased lived. If i | nstitution : res | idence |
| | B. FULL NAME | City, Maryland | al an inatitut | ion, give street address or | Maryland | B. COUNTY | before a | dmission) |
| | HOSPITAL OR | Baltime | re Cit | y Hespital Sation) | | outside corporate limits | . write-RURAI | and give |
| | NSTITUTION | 4940 Ea | | | Baltimore | 7-1 | | township) |
| | | 17.10 | | Yrs. | D. STREET ADDRESS (If r | ural, give location) | | |
| | c. Length of | stay in Baltimore | | 25 Yrs. Mos. Days | 1721 Eager St. | | | |
| | 5. SEX | 6. COLOR OR RACE | 7. SINGL | E. MARRIED, | 8. DATE OF BIRTH | 9. AGE (In years) | Under 1 Year It U | nder 24 Hours |
| a | Female | Negro | | VED, DIVORCED (Specify) | Feb.7,1886 | last birthday) Mor | the Days Ho | urs Min. |
| 2 | 10A. USUAL O | CCUPATION (Give kind of | 10B. KIND | OF BUSINESS OR | 11. BIRTHPLACE (State or for | | 12. CITIZEN | OF. |
| 1 | work dooe during mos | t of working life, even if retired) | | INDUSTRY | North Carolina | | WHAT CO | |
| Al | 13. FATHER'S | NAME | | | 14. MOTHER'S MAIDEN NA | ME | | |
| 1 | | 77 3 The 1 | | CALIFORNIA CO | | | | |
| 3 | 15. WAS DECEAS | Vander Drake | D FORCES? | 16. SOCIAL | Clockey Mitchel | | | |
| 1 | (Yes, no or uokoowo | (If yes, give war or date | s of service) | SECURITY NO. | 17. INFORMANT Baltim | ore City Hosf | PREFS | |
| | 1.00 | | | | Records: 4940 E | astern Avenue | | |
| | 18. 17 | OXI | | CAUSE | OF DEATH | | INTERVAL ONSET AN | D DEATH |
| | | SE OR CONDITION LEADING TO DEAT | TH | Corcine | ome of Pt Broods | | 2 1 37 | |
| Ш | heart fail | es not mean the mode oure, asthenia, etc. It mea | ns the diseas | e. (A)Spread | oma of Rt.Breast we letastasis to Live | r & Rt. Aidnes | 1를 Y | rs. |
| | injury of | complication which c | aused death | to Pel | vis & Pertoneum | T at an area Trullo | | |
| | | ANTECEDENT CAUS | SES | | | | | |
| | Z DISEASE | S OR CONDITIONS, I | F ANY. GIVIN | (B) | *************************************** | *************************************** | | |
| | RISE TO UNDERL | THE ABOVE CAUSE (A) | STATING TH | E DUE TO | | | | |
| | 2 | | | (C) | | *************************************** | | |
| | DISEASE TRIBUTIN | 11 | | | | | | |
| | OTHER | SIGNIFICANT CONDI | | | | | | |
| | U TO THE | DISEASE OR CONDITION | CAUSING I | т | | | | |
| | 1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | | | | | | | |
| 1 | 1-3-51 Radical right Mastectomy 21a. Accident was under. 21b. Place of Injury (e.g., io or 21c. Where DID (If in Baltimore City, 1900) 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 | | | | | | | NO _ |
| | LYING CAUSE OF | DENT WAS UNDER. OR CONTRIBUTING DEATH | | ACE OF INJURY (e. g., is farm, factory, street, office bldg., e | | in Baltimore City, g | ive exact locat | ion) |
| | 21D. TIME OF INJURY | (Month) (Day) (Year) | (Hour) | 21E. INJURY OCCURRI | ED 21F. HOW DID INJURY | OCCUR7 | | |
| m. WHILE AT NOT WHILE AT WORK | | | | | | | | |
| | 22. I here | by certify that I att | ended the | | 2- , 19 57 to 2 | 2-15 . 19.51 | that I last | sam the |
| | | live on 2-15 | | | red at 11:25am from th | | | |
| | 23A. SIGNA | TURE | 1/ | | 38. ADDRESS | | 23c. DATE | |
| | | S.S. | (1 | | 4940 Eastern Avent | | 2-15-51 | |
| 1 | 24A. BURIAL. TION, REMOVAL | CREMA 248. DATE Specify) | 1_ 0 | C. NAME OF CEMETE | RY OR CREMATORY 24D. LO | CATION (City, town, | or county) | (State) |
| | Bun | al Tet. 181 | 51 | my Cal | vary em a | .4 Cour | lyn | d |
| | DATE RECEIVE | TRAR REGISTRAR | S SIGNATU | IŘE | 25. FUNERAL DIRECTOR | (. (. : | ADDRESS | |
| | 2-18. | 5/ | | | mus Ost a | 1. Ellest | 2 Dan | glete |
| | VS 150 | | | | | 25 000 | 0 | 0. |
| | | | | | 050.0 | 112971. | Carl | we A) |
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| BIRTH NO. | 2 10/11 | | | | | |
| 1. NAME OF DECEASED | | | | | | |

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| R | IRTH NO. | 1598 | | | E OF DEATH | Registered N | 4.000 |
|-------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------|----------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | NAME OF DECE | Saldie | m | illen. | | 2. DATE OF DEATH TEN | mana 14 1951 |
| A | PLACE OF DEAT Baltimore City | , Maryland | | | 4. USUAL RESIDENCE (| | nstitution; residence before admission) |
| H | FULL NAME OF OSPITAL OR ISTITUTION | JOXIS GOPLI | | | C. CITY OR TOWN (I | f outside corporate limits | write RURAL and give township) |
| c. | Length of stay | | | Yrs. Mos. Days | D. STREET ADDRESS (II | rural, rive location) | |
| 5 | emale h | Jule Jule | | , MARRIED, ED, DIVORCED (Specify) | 7-10-73 | 9. AGE (In years Hast birthday) Mor | Under I Year If Under 24 Hours https://doi.org/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.10 |
| | OA. USUAL OCCUF k done during most of wor | | 108. KIND | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or 1 | foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13 | FATHER'S NAM | Park | ham | | 14. MOTHER'S MAIDEN N | IAME | |
| 1! (Ye | 5. WAS DECEASED E | VER IN U.S. ARMED | FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | PKINS NOSPITAL AC | DDRESS |
| RTIFICATION | (This does not heart failure, a injury or com ANT DISEASES OF RISE TO THE / UNDERLYING | ADING TO DEAT mean the mode of sthenia, etc. It mea plication which e ECCEDENT CAUS CONDITIONS, II BOVE CAUSE (A) CONDITION LA II IFICANT CONDI | f dying, e. g ns the disease aused death. EES FANY, GIVING STATING TH ST. | (B) GE DUE TO (C) | | et disease | |
| L CE | | THE DEATH, BUT SE OR CONDITION PERATION 1 | CAUSING IT | | RATION | | 20. AUTOPSY? |
| MEDICAL | 21A. ACCIDENT LYING OR CO CAUSE OF DEA | DNTRIBUTING | | CE OF INJURY (e. g., in | | If in Baltimore City, g | YES NO live exact location) |
| | 21D. TIME (Mon OF INJURY | th) (Day) (Year) | | HILE AT NOT WHILE AT WORK | ED 21F, HOW DID INJUR | Y OCCUR? | |
| | 22. I hereby ce deceased alive 23A. SIGNATUR | rtify that I att | ended the, 19_5]. c | and that death occur | | the causes and on th | , that I last saw the e date stated above. |
| 2 | 4A BURIAL CREA | ALQ. K | مسور | 4C. NAME OF CEMETE | SEATS DAY | KIES KOSPITEL | 2 15 51 |
| - | AVE RECEIVED B | V I REGISTRAD | 9-51 | Cake | Janna DIRECTOR | Balto | - MOL |
| L | CAL REGISTRA | 51 | 1: N/ | line un O | Tilly + Joil | les 4031 | Nochst |
| | VS 150 | | ji | | 10 | 093 | d |

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1569

Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) eenan DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or nsinlang HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION imote Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore -A Ton Days renue 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. Religions 30-188 Rm Alt 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF moduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Teligions. 14. MOTHER'S MAIDEN NAME -nyist obler 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 200 ATONG WILKI HOSPT. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS 20. AUTOPSY AL NO 218 PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 12.12-509 to 2.16.5, 19, that I last saw the deceased alive on 2 . 16-5119 . and that death occurred at 1:30 Pm., from the causes and on the date stated above. 23 SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOYAL (Specify) 24c. NAME OF CEMETERY OR CREMATIONY | 24b. LOCATION (City, town, or county) 24B. DATE BUPIA aThedra DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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| BIR | 51. TH NO. | 1570 | | | EALTH DEPARTMENT E OF DEATH | Registered No | 1570 |
| (Tyr | AME OF DE | Cen | na | Stand | 12 | 2. DATE OF 2 - | 15-51 |
| А. В | | ity, Maryland | | | 4. USUAL RESIDENCE (V | Where deceased lived, If in | stitution : residence before admission |
| HOS | ULL NAME OF SPITAL OR TITUTION | 129 y, de | euce | n, give street address or location) | | outside corporate limits, | write RURAL and give |
| c. I. | ength of st | ay in Baltimore | | 55 Yrs. Mos. Days | 1 1 00 1/11/0 | rural, give location) | + |
| 5.8 | ex mule | 6. COLOR OR RACE | Mid | | 8. DATE OF BIRTH Och & 2,1871 | | der I Year hs: Days Hours Min. |
| work de | one during most of | CUPATION (Give kind of working life, even if retired) | 108. KIND | OF BUSINESS OR INDUSTRY | | oreign country) 1; | 2. CITIZEN OF WHAT COUNTRY |
| | Gran Mar | ch Wos | liba | | Barbora Be | mbureh | |
| (You, I | was DECEASE no or unknown) | D EVER IN U.S. ASME (If yes, give war or date | D FORCES? | 16. SOCIAL SECURITY NO. | J. INFORMANT Bave | adge 189 | Pencan |
| FICATION | (This does heart failur injury or DISEASES RISE TO THE | E OR CONDITION LEADING TO DEA: not mean the mode of e, asthenia, etc. It mes complication which of ANTECEDENT CAUS OR CONDITIONS, 1 IE ABOVE CAUSE (A) ING CONDITION LA | TH If dying, e. g., Ins the disease, Laused death.) SES F ANY, GIVING STATING THE | DUE TO (B) | dio-renal | rg Oeden Tosula | INTERVAL BETWEEN ONSET AND DEATH |
| CERTIF | TRIBUTING | II GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION | NOT RELATED | | | | |
| | 9A. DATE OF | F OPERATION 1 | 98. MAJOR | FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| | | ENT WAS UNDER- CONTRIBUTING DEATH | | E OF INJURY (e. g., i m,factory,street, office bldg., | | If in Baltimore City, give | e exact location) |
| 2 | 21b. TIME () OF INJURY | Month) (Day) (Year | WH | IE. INJURY OCCURR IILE AT NOT WHILE WORK AT WORK | ED 21F. HOW DID INJURY | Y OCCUR? | |
| 0 | deceased ali | ve on Ter. 13 | ended the d | eeeased from Te nd that death occur | rred at John., from t | 6: 15, 195/ he causes and on the | that I last saw the date stated above |
| 24A | BURIAL C. REMOVAL (ST | REMA- 248. DATE | Ha) | NAME OF CEMETE HOLY MO | 23B. ADDRESS 26232, Mexicus RY OR CREMATORY 240. | OCATION (City, town, or | 23c. DATE SIGNED 2/16/5/ county) (State) |
| DAT | E RECEIVED | BY BEGISTRAR | S SIGNATUR | , ,,,, | 25 FUNERAL DIRECTOR | belan 900 l | DDRESS Sheater |
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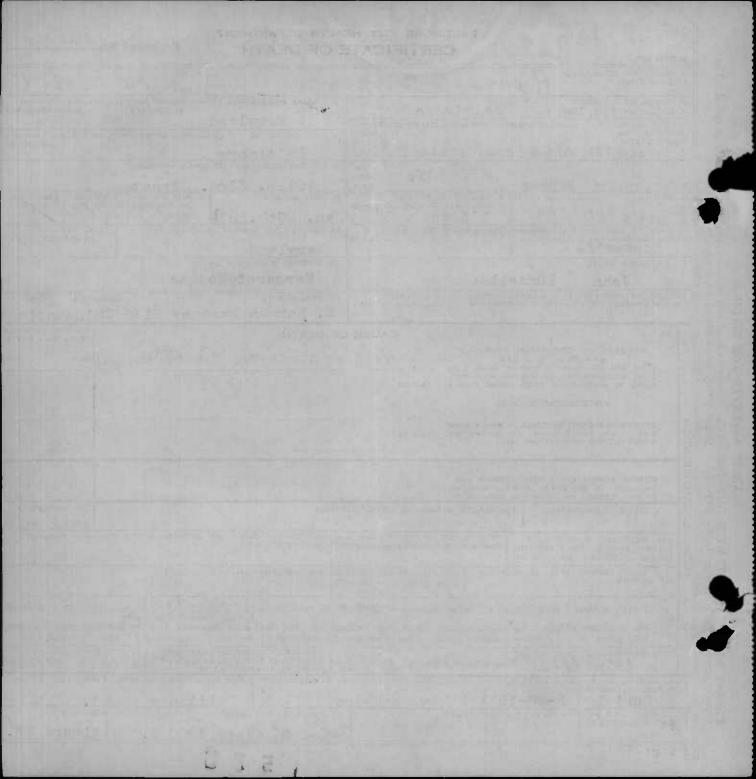
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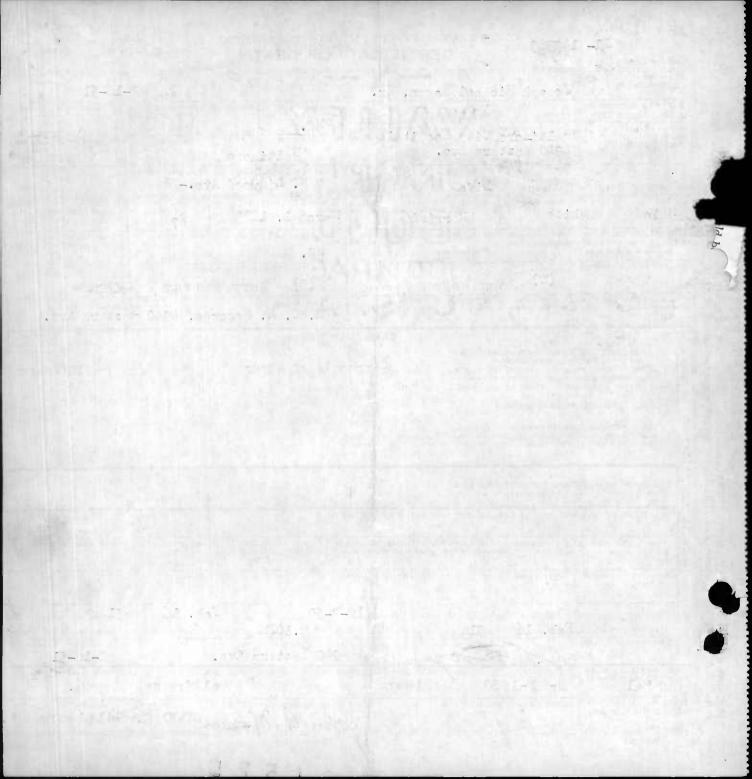
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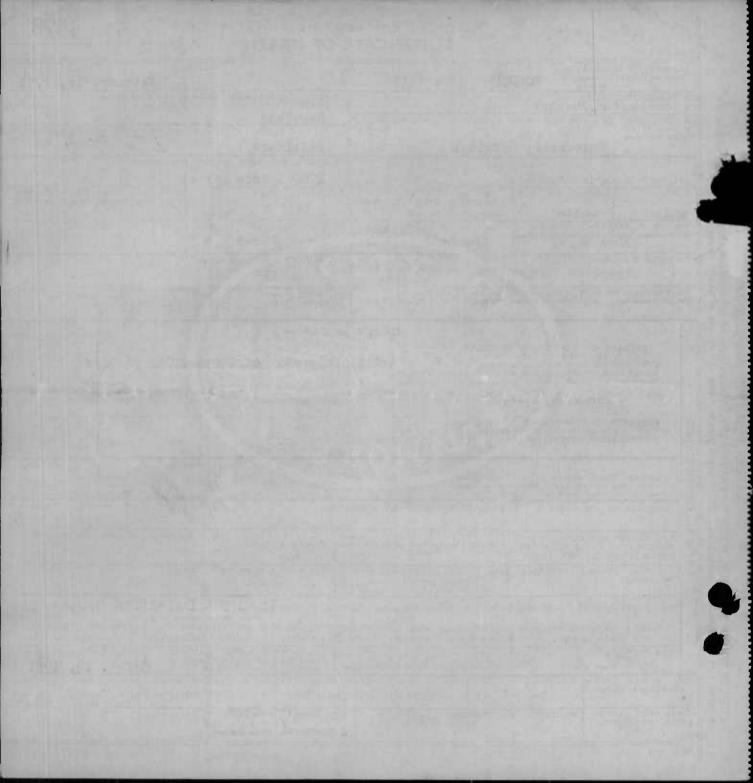
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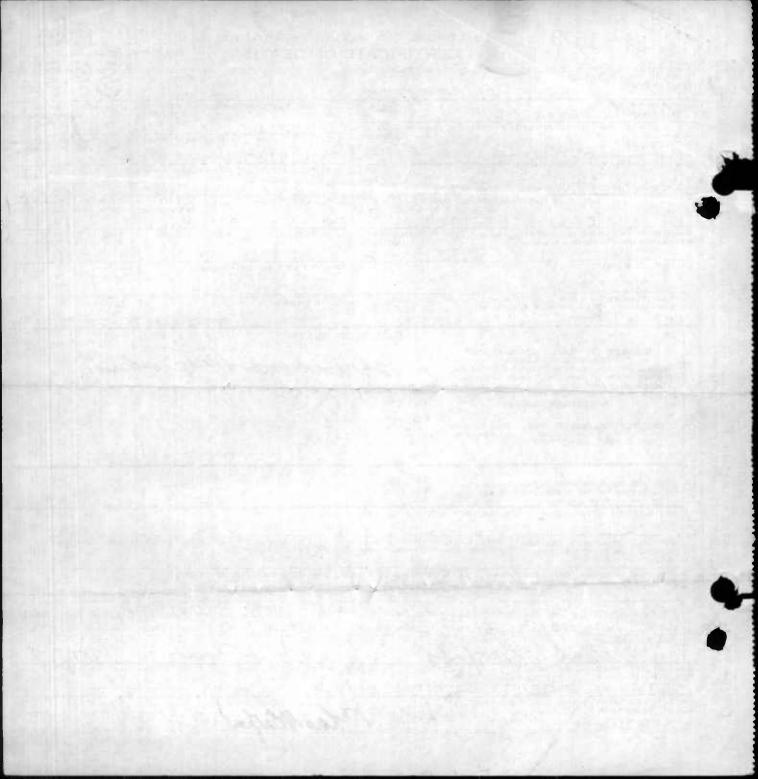
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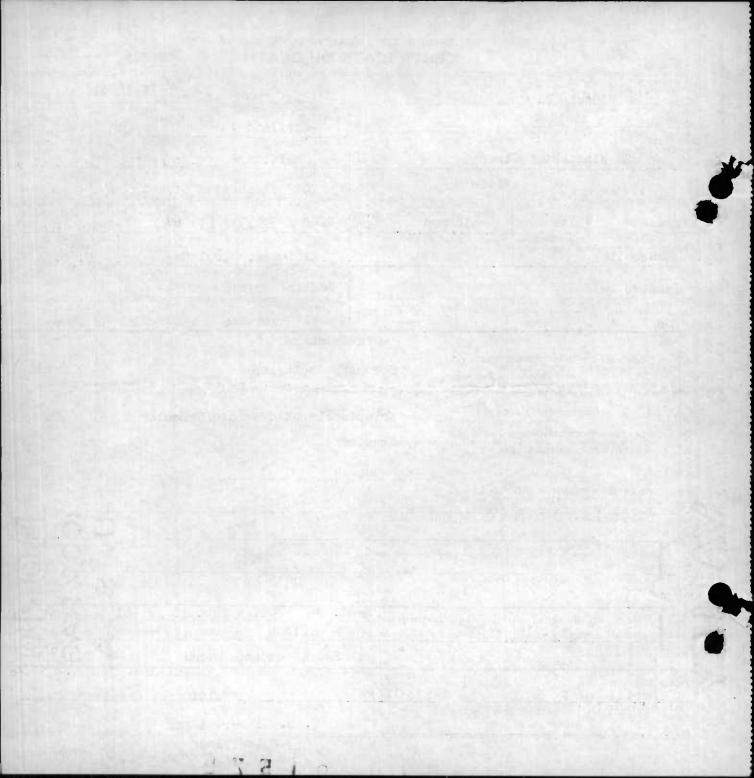
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| Registered No. | | |

| | 51 1378 | | Registe | ered No. |
|---|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|
| | BIRTH NO. | CERTIFICATE | - OF DEATH | red No. |
| | 1. NAME OF DECEASED | | 2. DATE | |
| | (Type or Print) EDWARD | J. DODSON | OF DEATH S | 2/16/51 |
| | 3. PLACE OF DEATH: A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased line. STATE B. COUN | véd. If institution : residence |
| | B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION | al or institution, give street address or location) | | e limits, write RURAL and give |
| | COLD SPRING CONVALE | ESCENT HOME | BALTIMORE | township |
| | c. Length of stay in Baltimore | Yrs. Mos. Days | o. STREET ADDRESS (If rural, give location) | |
| | | 7. SINGLE, MARRIED. | 8. DATE OF BIRTH 9. AGE (In yes | ars If Under Year If Under 24 Hours |
| 1 | M C | WIDOWED, DIVORCED (Specify) WIDOWED | 200 | y) Months Days Hours Min. |
| | 10A. USUAL OCCUPATION (Givekindof) | | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF |
| | work done during most of working life, even if retired) FARMER | FARMING | A A GOITMENT MED | WHAT COUNTRY |
| | 13. FATHER'S NAME | FARMING | 14. MOTHER'S MAIDEN NAME | I U.S.A. |
| | HENDY DODGON | | | |
| ı | HENRY DODSON 15. WAS DECEASED EVER IN U. S. ARMED | FORCES? 16, SOCIAL | | |
| | (Xes, no or unknowo) (If yes, give wer or detec | of service) SECURITY NO. | 17. INFORMANT | ADDRESS |
| | NO NO | NONE | NIMBOD S. DODSON-49 | ON STRICKER ST |
| | 18. 450.0 | // | OF DEATH | INTERVAL BETWEEN |
| | DISEASE OR CONDITION I | DIRECTLY | o. I data: | |
| | (This does not mean the mode of heart failure, asthenia, etc. It mean | f dying, e.g., (A) | revolized arterio. | clerose |
| | injury or complication which es | | | |
| | ANTECEDENT CAUS | ES | | No Charles of |
| | DISEASES OR CONDITIONS, IF | | | |
| | RISE TO THE ABOVE CAUSE (A) | STATING THE DUE TO | | |
| | DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS | | | |
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| | OTHER SIGNIFICANT CONDI | | | • |
| | TRIBUTING TO THE DEATH, BUT I | | | |
| - | 19A. DATE OF OPERATION . 1 19 | 98. MAJOR FINDINGS OF OPER | ATION | 20. AUTOPSY? |
| | IV | | | YES NO |
| | 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in about home, ferm, factory, street, office bldg., e | n or 21C. WHERE DID (If in Baltimore 10.1) INJURY OCCUR? | City, give exact location) |
| | 2 1D. TIME (Month) (Day) (Year) OF INJURY | (Hour) 21E. INJURY OCCURRE | ED 21F. HOW DID INJURY OCCUR? | |
| | OF INSORT | m. WHILE AT NOT WHILE | | |
| | 22. I hereby certify that I atte | ended the deceased from | el 6 , 1957/to 266 /1 | 195 /, that I last saw the |
| | | | red at 3:06. m., from the causes and | on the date stated above |
| | 23A. SIGNATURE | Rand 10 1 2 | 3B. ADDRESS | 23c DATE SIGNED |
| | THE BUSINESS L-1 | Junquely M.O. | Jor 4. Julian Com | - 17/7/17 |
| | 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) | 24c. NAME OF CEMETER | RY OR CREMATORY 24D. LOCATION (City, | town, or county (State) |
| | BURIAL 2718/5 | | R CFM. BALTO COIDI | |
| | LOCAL DECICEDAD | S SIGNATURE | 25. FUNERAL DIRECTOR | ADDRESS |
| | FEB 18 105% | ing in Milliams, M. | Tas Harper DIR N. CA | RROLLTON AVE |
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BALTIMORE CITY HEALTH DEPARTMENT

1582

| B | IRTH NO. CERTIFICATE | E OF DEATH Registered No |
|---------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| | NAME OF DECEASED Type or Print) PROVIDENZA (D'ANNA) CRUCIOTTI | 2. DATE OF DEATH February 16, 1951 |
| A. | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission |
| H | FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) NSTITUTION | township |
| | South Baltimore General Hospital Yrs. Mos. | o. STREET ADDRESS (If rural, give location) |
| | Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7.SINGLE, MARRIED, WJDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Year 11 Under 24 Hour last birthday) Months; Days Hours; Min |
| 10 | female white Married OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| _ | Housewife 3. FATHER'S NAME | Cefalu Palermo Italy 14. MOTHER'S MAIDEN NAME WHAT COUNTRY |
| V | Tincenzo D'Angelo | Antonia D'Antoni |
| (Ye | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL SECURITY NO. | Pietro Cruciotti 124 W. Camden St. |
| | DISEASE OR CONDITION DIRECTLY | OF DEATH SCLETOTIC CARDIOVASCULAR DISEASE |
| ICATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) | |
| ERTIFIC | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| LC | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA | ATION 20. AUTOPSY? YES NO X |
| EDICA | 218. PLACE OF INJURY (e.g., in UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. | tor 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |
| N | OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK | 21F. HOW DID INJURY OCCUR? |
| | 22. I certify that I took charge of the remains described a | bove, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry |
| | the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes | nguiry, find that said deceased died on the day stated abou |
| 2 | 1980 | D. MEDICAL INVESTIGATOR RY OR CREMATORY 240. LOCATION (City, town, or county) (State) |
| | ON. REMOVAL (Specify) | |
| | Burial Feb.19 1951 Holy Redeem | er Cemet. 4430 Belair Rd. Balt.Md. |

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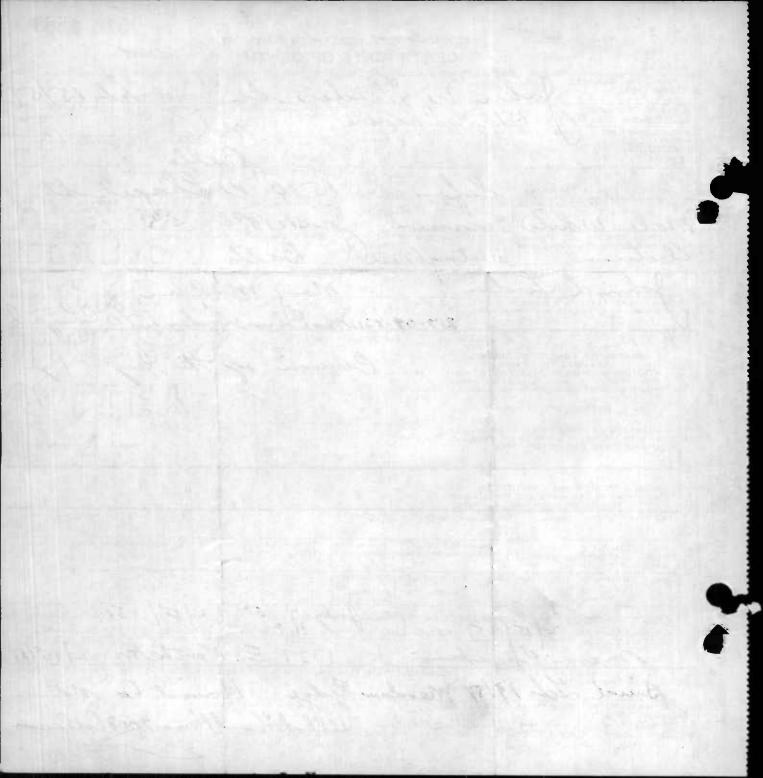
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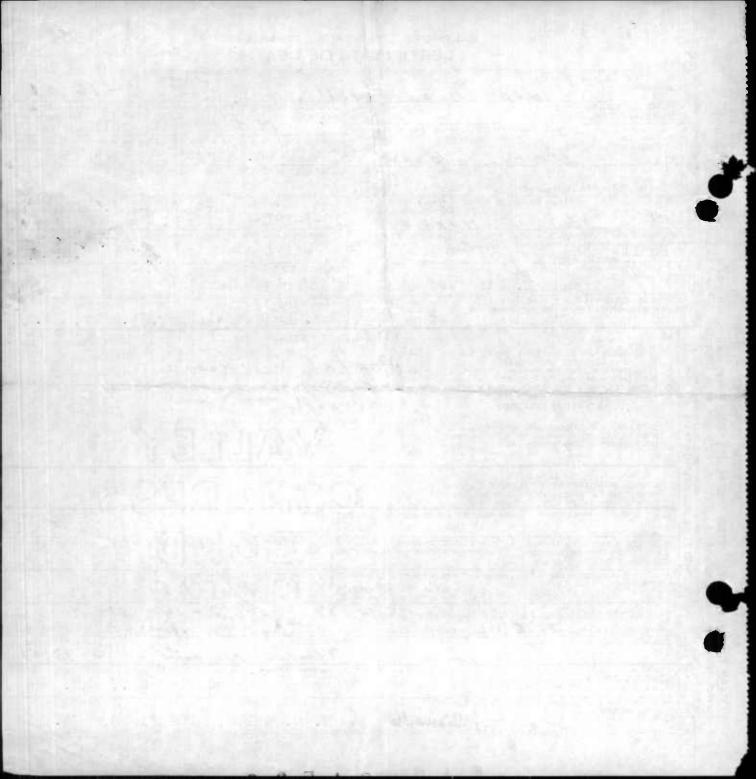
BALTIMORE CITY HEALTH DEPARTMENT

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| | BIRTH NO. | TIFICATE OF D | EATH | Registered No | |
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| | 1. NAME OF DECEASED (Type or Print) | Ludes. | | OF Jeh | 15/51 |
| | 3. PLACE OF DEATH: A. Baltimore City, Maryland 1510 C | A. STATE | RESIDENCE (Where | | ution: residence before admission) |
| | B. FULL NAME OF HOSPITAL OR INSTITUTION | location) C. CITY OF | TOWN (If outside | e corporate limits, wri | township) |
| - | Variable of the second of the | Yrs. D. STREET | ADDRISS (If rural, | eye heation) | 14 |
| 6 | c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARK WIDDWED, DIV | Days B. DATE OF ORCED (Specify) | BIRTH 9. A | GE (In /ears H Under ast bir/ (day) Months | Year If Under 24 Hours Days Hours Min. |
| 4 | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BU work done during most of working life, even if retired) | SINESS OR 11. BIRTHP | LACE (State or foreign | country) 12.0 | CITIZEN OF WHAT COUNTRY? |
| - | 13. FATHER'S NAME Westing | EGPT (4) 24. MOTHE | R'S MAIDEN NAME | | |
| - | 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (You, pho or unknown) (If you, give war or dates of service) SE | | y Mul | ADDRE | 85 A A |
| - | 717- | CAUSE OF DEATH | Ina Tud | a 1510 | Hapel HERVE BETWEEN |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | A) Carrina | | t lang. | NSET AND DEATH |
| | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | A) E TO | - J | | |
| 1 | ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING | в) | | | |
| < | RISE TO THE ABOVE CAUSE (A) STATING THE DU UNDERLYING CONDITION LAST. | Е ТО | *************************************** | | |
| | OTHER SIGNIFICANT CONDITIONS CON- | | | | |
| | TO THE OISEASE OR CONDITION CAUSING IT. | | | | |
| | A P | NGS OF OPERATION | | | YES NO |
| | LYING OR CONTRIBUTING about home, farm, factor | | HERE DID (If in) | Baltimore City, give c | xact location) |
| | OF INJURY WHILE AT | NOT WHILE AT WORK | OO THURN OC | CUR? | |
| | 22. I hereby certify that I attended the deceas | ed from July 7 | | | at I last saw the |
| | deceased alive on 2 15 1951, and the | at death occurred at 11 | 5 E. Nor | | |
| - | 24A. BURIAL, CREMA- TION, REMOVAL (Specify) | ME OF CEMETERY OR CREM | ATORY 24D. LOCAT | ION (City, town, or co | unty) (State) |
| - | DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTBAR | 25. FANER | AL DIRECTOR | ADE | DRESS |
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Y, WITH UNFADING INK. Every item of information should be important. Physicians: please write the causes of death clearly in

PLEASE WR.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

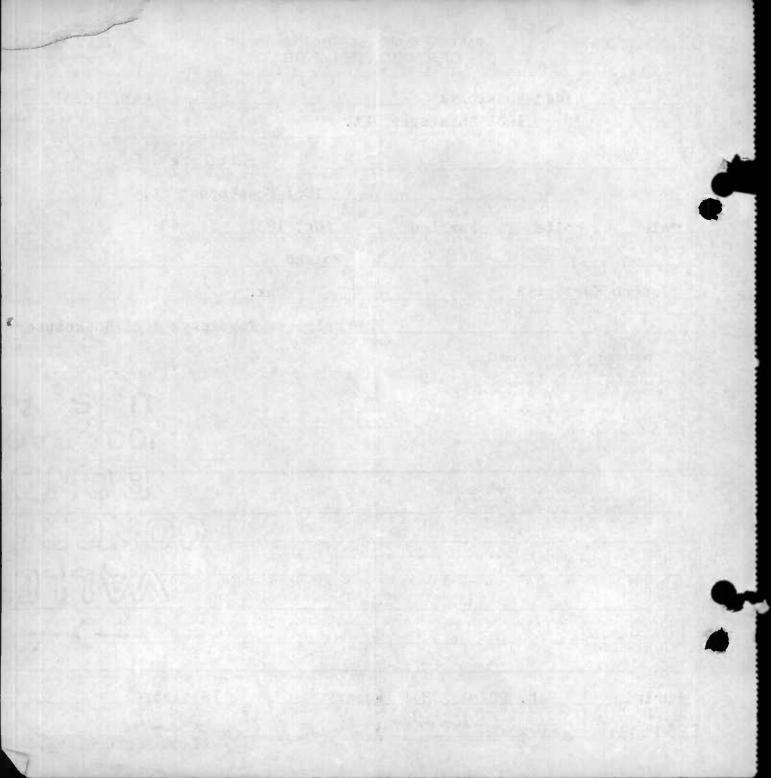
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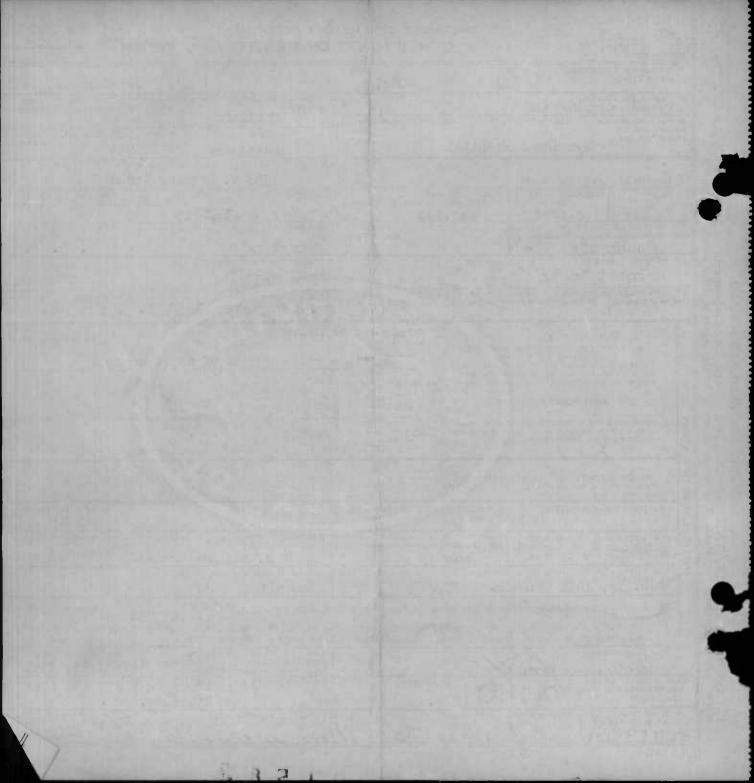
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| 1. | NAME OF D | ECEASED | | | | 2. DATE | |
| (7 | Type or Print) | Adam F | Cowalc | zvk | | OF DEATH Le | h 16 51 |
| 3 | PLACE OF D | EATH: | | | 4. USUAL RESIDENCE | Where deceased lived. | If institution: residence |
| A. | FULL NAME | City, Maryland | 1631 SI | nakespear St ion, give street address or | | B. COUNTY | before admission) |
| H | OSPITAL OR | OF (II not in nospi | tal of mistricul | location) | | No. If outside corporate lin | aits, write KURAL and give |
| 111 | NSTITUTION | | | | | timore | township |
| | | | | Yrs. | D. STREET ADDRESS (I | | |
| c | Length of s | tay in Baltimore | | Mos. | 1631 Shake | encartet | |
| 41 | SEX | 6. COLOR OR RACE | | Days E. MARRIED, | 8. DATE OF BIRTH | 9. AGE (In years) | If Under 1 Year If Under 24 Hours |
| | W-7- | 1871- 3 A . | | VED, DIVORCED (Specify) | | last birthday) | If Under 1 Year If Under 24 Hours Months Days Hours Min. |
| 10 | A. USUAL OC | White CUPATION (Give kind o | I 10B. KINE | OF BUSINESS OR | Aug. 1881 | foreign country) | 12. CITIZEN OF |
| WOL | k done during most | of working life, even if retired | | INDUSTRY | | 2020-911 0.741101 9 7 | WHAT COUNTRY |
| 15 | B. FATHER'S | 16SAMA EMAN | | | Poland 14. MOTHER'S MAIDEN I | | |
| | | | | | 14. MOTHER'S MAIDEN | NAME | |
| - | Joseph | n Kowalczyk | 2 | | Unk. | | |
| (Ye | s, no or unknown) | ED EVER IN U.S. ARME (If yes, give war or dat | D FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
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| | 18. | /X | | | OF DEATH | 4 | INTERVAL BETWEEN |
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| 7 | | ANTECEDENT CAU | SES | - (an | unaux (| loneary & | malue |
| ő | DISEASES | S OR CONDITIONS, | F ANY, GIVIN | (B) | | | off |
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| O | Land State State | | | (C) | *************************************** | *************************************** | |
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| " | TO THE D | ISEASE OR CONDITION | CAUSING 1 | | | | , |
| 1 | 19A. DATE C | OF OPERATION | 19B. MAJOR | FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
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| 1EDI | | ENT WAS UNDER PROPERTIES OF THE PROPERTY OF TH | about home, | ACE OF INJURY (e. g., i farm, factory, street, office bldg., | n or 21G. WHERE DID INJURY OCCUR? | (If in Baltimore City | , give exact location) |
| 2 | 21D. TIME | (Month) (Day) (Year |) (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID INJUI | RY OCCUR? | |
| | OF INJURY | | | WHILE AT NOT WHILE | | \ 1 | |
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| | / | y certify that I at | tended the | cood of from | ine , 1950, to_ | | \checkmark , that I last saw the |
| | | live on 2/16 | _, 19_\/, | | rred at 10-1-19:m., from | the causes and on | |
| | 23A. SIGNA | LOKE , | ши | / / | 3B. ADDRESS | les au | 23c. DATE SIGNED |
| 2 | 4A. BURIAL, | CREMA- 24B, DATE | 100000 | 24c. NAME OF CEMETE | RY OR CREMATORY 240. | LOCATION (City, tow | n, or county) (State) |
| TI | ON, REMOVAL (S Burial | Feh | 20/5 | Holv Ros | arv | Baltimore | |
| | ATE RECEIVE | | 'S SIGNAT, | | 28. FUNERAL PIRECTOR | 2010 Linux C | ADDRESS |
| 1 | CAL REGIST | | 东州从 | hashed Mich | 0/2 0 Y/ (Os | Brunk | c. |
| 11 | | Photograph of B | | | | | |

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1930 Eastern Ave,



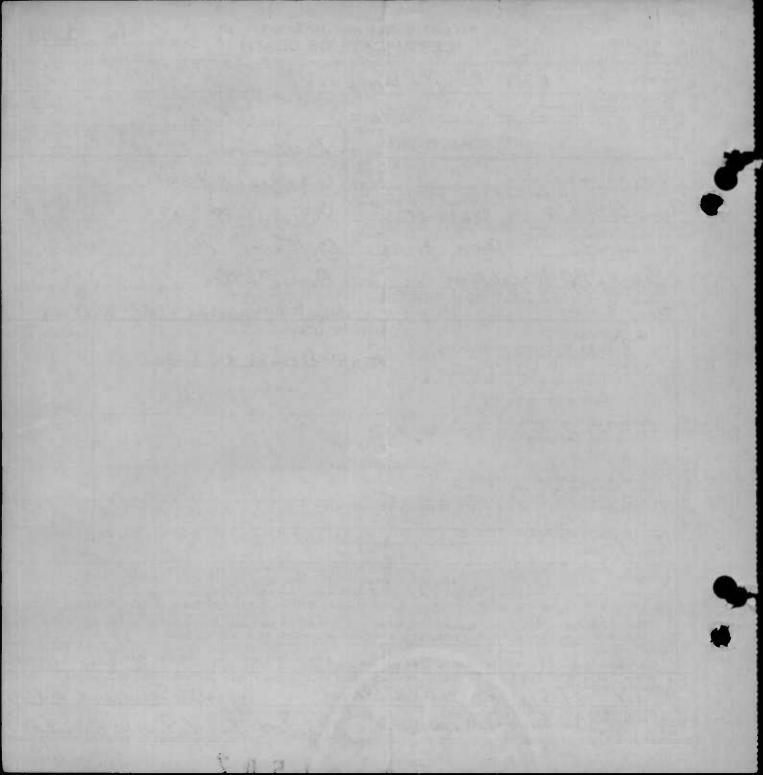


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|------------------------------------------------|------------|----------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------|----------------------------------------------------------------|-------------------------------------|
| 151 | 6 | 1.587 | BALTIMORE CITY HE CERTIFICATI | | Registered No. | 1.587 |
| The | 1. | NAME OF DECEASED | 2 | | 2. DATE | |
| ed. | 1 | Type or Print) MARTIN | AROLINE/6 | arolus Martin) | OF DEATH 2-16-5 | -/ |
| lddr | Α. | Baltimore City, Maryland | VFS. | 4. USUAL RESIDENCE (Who | | ion: residence defore admission) |
| fuly supplied. ly. | H | FULL NAME OF (If not in hospitally) SPITAL OR ISTITUTION | institution, give street address or location) | C. CHY OR TOWN (If ou | atside corporate limits, write | RURAL and give township) |
| bly. | 10 | FRANKLIN SQUAR | HE HOSP. | DAITO. | ral, give location) | (Cownship) |
| e legibly. | - | Length of stay in Baltimore | 13 ME | 147 HOPK | INS Rd | 5300 |
| | 5. | | SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | So A 1897 | 9. AGE (In years If Under I You last birthday) Months Da | |
| should | 10 work | A. USUAL OCCUPATION (Give kind of a dooed uring most of working life, even if retired) | B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore | | TIZEN OF |
| ion i | _ | FATHER'S NAME | INDUSTRY | MB. | Q., | ST COUNTRY |
| IG mat leath | C | HARIES SEIN | b FR+ | FI - 0 & FTH | Kaiss | |
| BINDING of information uses of death cle | 15 (Yes | . WAS DECEASED EVER IN U. S. ARMED FOR (If yes, give war or dates of se | RCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS | 5// 6/ |
| BI of of | _ | | none | MM SmanaM.B | ower, 6/92/02 | ERVAL BETWEEN |
| e it | | DISEASE OR CONDITION DIR | ECTLY | OF DEATH | | SET AND DEATH |
| - 5 | | (This does not mean the mode of dy heart failure, asthenia, etc. It means the | ring, e. g., (A) | iac arrest | | |
| RESERVED INK. Even please write | | injury or complication which cause | ed death.) DUE TO | gure grann | poures, | |
| RESE INK. please | Z | ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN | (B) Papul | lary Cysl ad | molencymous | à |
| | ATIO | RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. | TING THE DUE TO ALL | vary of ganera | lized | |
| MARGIN UNFADING Physicians: | IFIC | " | (c) Care | consulpois | 2 | |
| MAI NFA hysic | ERT | OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT | | merimotioner | at. | |
| | 7 | 19A. DATE OF OPERATION 19B. | | ATION | 20 | D. AUTOPSY? |
| WITH rtant. | ICA | 21A. ACCIDENT, SUICIDE, 2 | 18. PLACE OF INJURY (e.g., in | o or 21c. WHERE DID (If | in Baltimore City, give exa | et location) |
| LY, WITH important. | MEDI | HOMICIDE (Specify) abo | out home, farm, factory, street, office bldg., e | etc.) INJURY OCCUR? | | |
| A.B. | | 21D. TIME (Month) (Day) (Year) (Horof injury | ur) 21E. INJURY OCCURRI | ED 21F. HOW DID INJURY | OCCUR? | |
| Frecia | | 22. I hereby certify that I attend | m. WORK AT WORK | /16/ 1957, to | 2/16, 195/, that | I last san the |
| E F | | deceased alive on 2/16, 19 | 51, and that death occur | red at 82 Bn., from the | causes and on the date | stated above. |
| W. 1. 5 | | 23A. SIGNATURE | ua 97, M.D. 2 | 38. ADDRESS . | 1 hos 23c. | DATE SIGNED |
| SE | 24 TIC | AA, BURIAL CREMA- 24B BATH | 288. NAME OF CEMETE | BY OR CREMATORY 24D. 190 | ATION (City town, or count | ty) (State) |
| PLEASE WI | | ATE RECEIVED BY REGISTRAR'S SI | GNATURE | 25/FUNTER AL DIRECTOR | LCOINA ADDR | ESS |
| PI | LE | | - Williams, Mas | Thelip derive | 19 Say 202 | 4 |
| | 77 | VS 150 | gs was a limited | / // | 1100 | and /j |
| | 18 | | - 100 | 0 1 5 6 5 | 499 | |

51 1588. BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. OF DEATH 3/PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution: residence A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marylan HOSPITAL OR location' C. CLTY OF TOWN . (If outside corporate limits, write RURAL and give INSTITUTION (ownship) Yrs. O. STREET ADDRESS (If rural, give location) MOS. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 9. AGB (In years | | Under | Year | If Under 24 Hours | Months Days | Hours | Min. 7. SINGLE MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 1905 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s s of death clear hautten 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME har 125 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no pr uoknowo) (If yee, give war or dates of service) 16. SOCIAL ADDRESS (Yes, nofor uoknowo) SECURITY NO. 18. CAUSE OF DEATH 60.4 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 ALITOPSY LY, WITH important. rumal huma DICA 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 1951, to 2-18 195 that I last saw the 22. I hereby certify that I attended the deceased from. 400 p.m., from the causes and on the date stated above. deceased alive on 2-18 . 195/ and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS 23c. PATE SIGNED 24A. BURNAL, CREMA-LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR 25. FUNERAL DIRECTOR VS 150

| MS | - | BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 158 | 33 |
|----------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| The | - | RTH NO. | |
| - | | NAME OF DECEASED RUTH E. Mc LAUGHLIN 2. DATE DEATH Feb 17, 19 | 951 |
| supplied. | 3. A. | | idence dmission) |
| Idns | B. HC | FULL NAME OF (If not in hospital or institution, give street address or location) C CITY OR TOWN (If outside corporate limits, write INDICAL | |
| Illy . | IN | S. Baltemore 17-00 | township) |
| fu | 77 | Length of stay in Baltimore Yrs. Mos. Days 1.3.3 & . West X. | |
| ieg ieg | | Thengen of Stay in Barelmore Bays 11753 | nder 24 Hours |
| ild. | 2 | temple White married Oct. 7-1898 51 | |
| shoul | | A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY INDUSTRY Baltimore Md. 12. CITIZEN WHAT CO | DUNTRY? |
| ion h ele | 13 | FATHER'S NAME 14. MOTHER'S MAIDEN NAME | |
| rmat | 15 | S. WAS DECEASED EVER IN U. S. ARMOD FORCES? 16. SOCIAL 17 INFORMANT ADDRESS | |
| information s of death cle | (Ye | s, wo or unknown) (If yes, give war or dates of cervice) ADDRESS SECURITY NO. (If yes, give war or dates of cervice) ADDRESS | 4. |
| of 1Se | | 18. 443 . CAUSE OF DEATH INTERVAL | |
| item item | | DISEASE OR CONDITION DIRECTLY . Hupen to make the disease of condition directly . | |
| the true | | (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO | |
| Ever Write | | ANTECEDENT CAUSES | |
| KESE INK. please | Z O | (B) | ************ |
| | ATI | UNDERLYING CONDITION LAST. | |
| MARGIN INFADING hysicians: | FIC | [[(C) | |
| MAR NFA ysic | ERT | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| DH. | Ü | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUT | OPSY? |
| WITH rtant. | CAL | 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID 21C. WHERE DID | |
| Y, WITH | EDI | CAUSE OF DEATH. | |
| | 2 | 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK AT WORK | |
| oL, cially | | 22. I certify that I took charge of the remains described above, held an Inspection - Juguing thereon as | nd from |
| espe | | Authory, Inspection or Induiry the evidence obtained by said Anthropy, Inspection or Inquiry, find that said deceased died on the day states and death in my opinion resulted from: natural causes in accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined | d above, |
| E. Si | | 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER | IED |
| PLEASE W | | 4A. BURIAL, CREMA-124B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) | (State) |
| PLEASE correct ag | | ON REMOVAL (Specify) Febr. 21-51 new leathedral 4300 Gld Trederick R | d. 241 |
| PL | | ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR ADDRESS OCAL REGISTRAR ADDRESS OCAL REGISTRAR | - /- |
| | | FEB 191951 Sullinger I Mineries, Mas Elizabeth Harle Juc. 115 E. West | 11. |

VS 151



111 N. Exeter Street 9. AGE (In years) If Under 24 Hours last birthday) | Months: Days | Hours: Min. 60 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY 21c, WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? autopsy thereon and from Autopsy, Inspection or Inquiry 23B. CHIEF MEDICAL EXAMINER X 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR JOHNS TERM 1345 APCETER ADDRESS 120a L

Registered No

(If outside eorporate limits, write RURAL and give

before admission)

township)

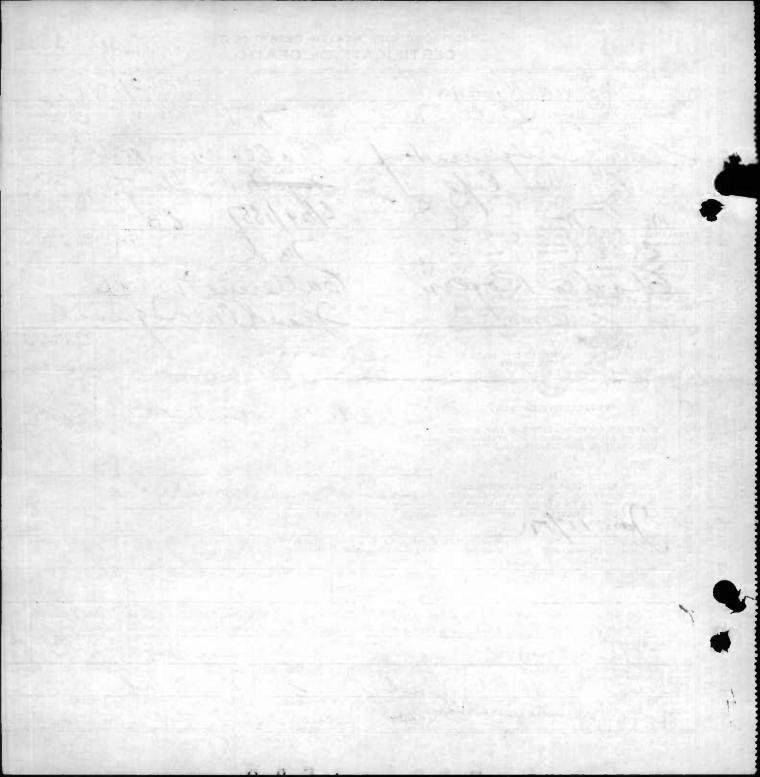
2. DATE

DEATH

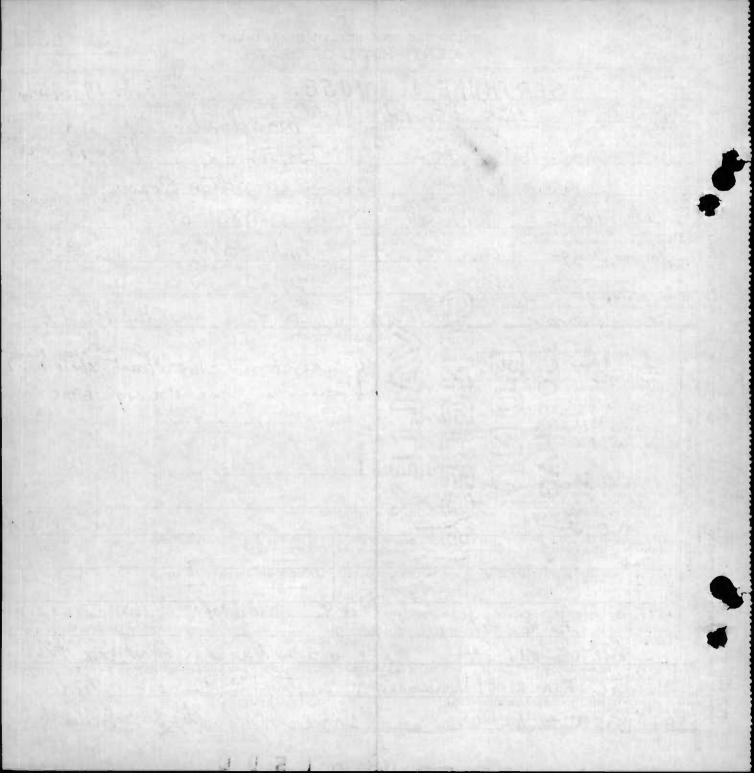
(If rural, give location)

B. COUNTY

151



4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside corporate limits, write BULAL and give township If Under 1 Year last birthday) Months; Days Hours; Min. 12 CITIZEN OF 20. AUTOPSY (If in Baltimore City, give exact location) , 1951, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED VS 150



51 1593

12. CITIZEN OF

U.S. A.

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

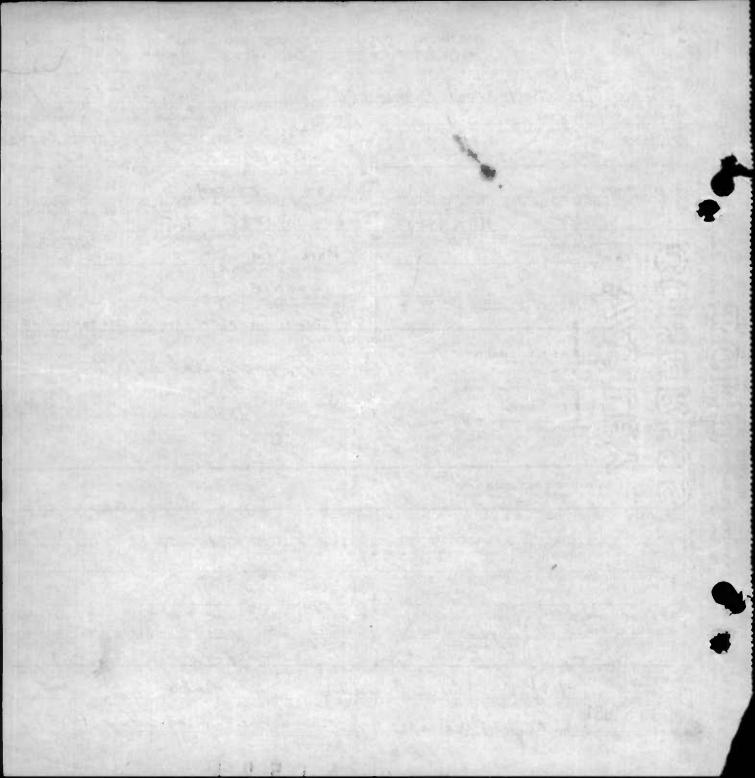
23C. DATE SIGNED

ND

(State)

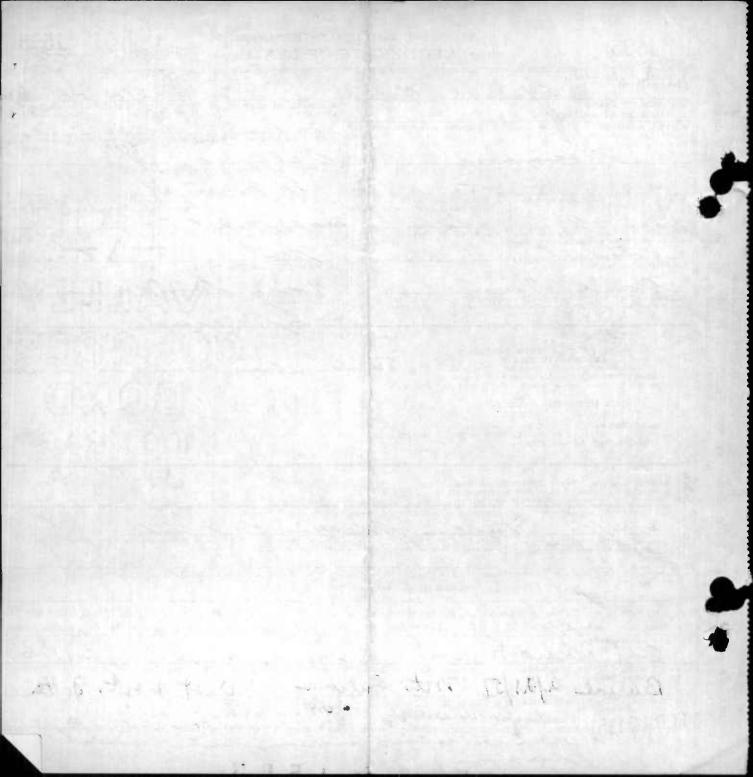
before admission)

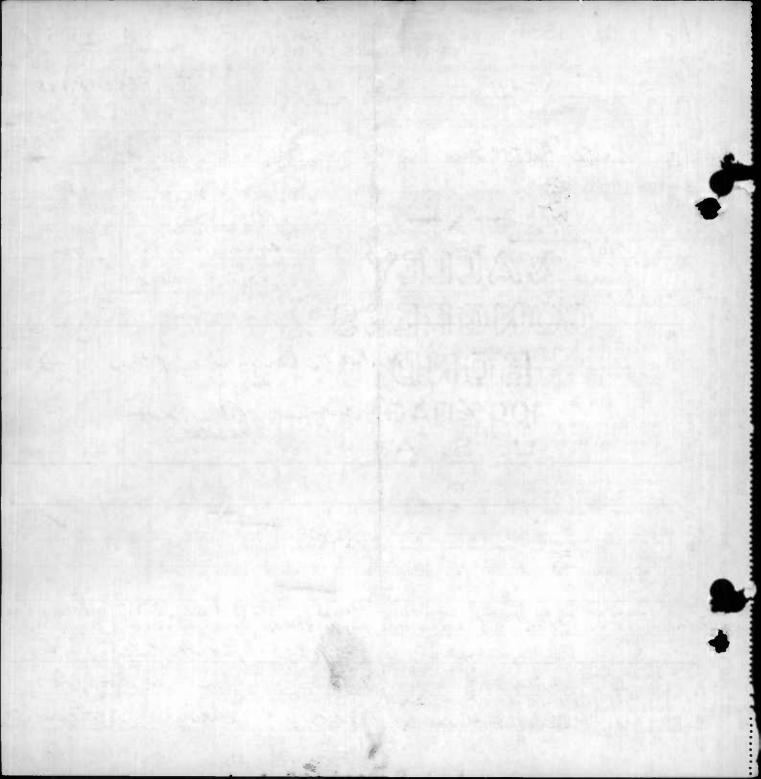
(township)



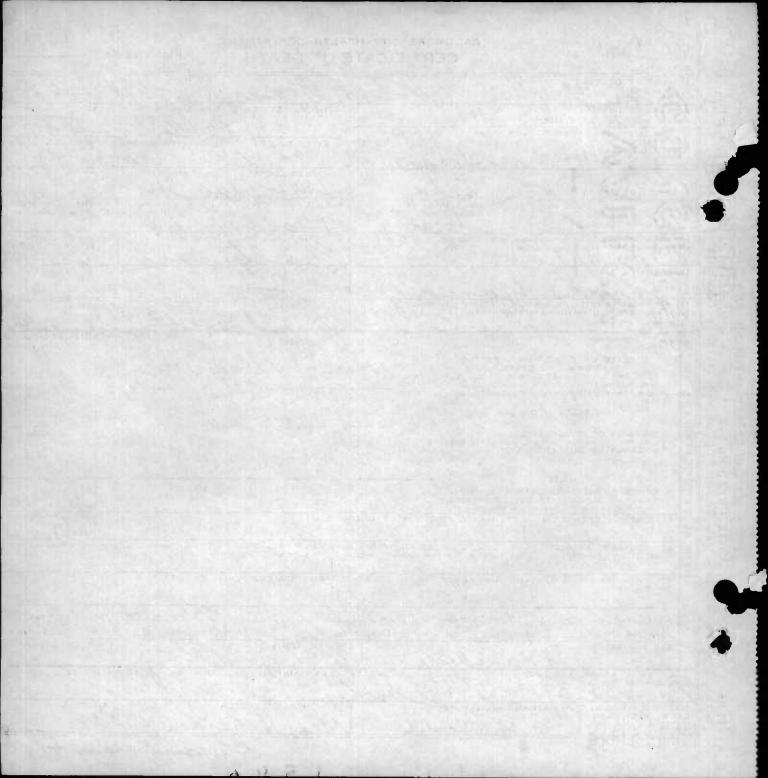
| J. | The state of the s | EALTH DEPARTMENT E OF DEATH | Registered No. 1594 |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------|
| Illy supplied. 7 | 1. NAME OF DECEASED HANNAH HANA KLE | | OF 2-/9-5/ |
| | 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF Wont in hospital or institution, give street address or | 4. USUAL RESIDENCE (Where d | eceased lived. If institution: residence B. COUNTY before admission) |
| | HOSPITAL OR INSTITUTION Levendale | | e corporate limits, write EURAI and give (township) |
| le rolly | c. Length of stay in Baltimore Yrs. Yrs. Yrs. | D. STREET ADDRESS (If rural,) | give location) |
| old be | 8. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | | GE (In years ff Under 1 Year ff Under 24 Hours Months Days Hours Min. |
| n should clearly | 10A, USUAL OCCUPATION (Give kind of work doped during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign | Pountry) 12. CITIZEN OF WHAT COUNTRY? |
| atic | 13. FATHER'S NAME Thomastone | 14. MOTHER'S MAIDEN NAME | |
| BINDING of inform uses of dea | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nnknown) (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT | ADORESS |
| R em cal | 18. 59 7 X 1 CAUSE | OF DEATH | INTERVAL BETWEEN |
| 27 | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, | remia | days |
| 2 2 | injury or complication which caused death.) DUE TO ANTECEDENT CAUSES | | 1. |
| RESE INK. | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | ouce repor | as Jeans |
| MARGIN NFADING | (c) | | |
| MARGIN UNFADINC Physicians: | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | hysena | years |
| ш. | 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER | RATION | 20. AUTOPSY? |
| LY, WIT | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., CAUSE OF DEATH | | altimore City, give exact location) |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY MHILE AT NOT WHILE AT WORK AT WORK | ED 21F, HOW DID INJURY OCC | UR? |
| E P | 22. I hereby certify that I attended the deceased from deceased alive on 2-/9, 195/. and that death occur | -26 19 6to 2- | 19, 195, that I last saw the |
| | | 23B. ADDRESS | 23c. DATE SIGNED |
| PLEASE W correct age | 240 BURIAL, CREMA- 24B. BATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) 2-19-77 | RY OR CREMATORY 24D. LOCATE | ON (City, town, or county) (State) |
| PLE, corre | DATE RECEIVED BY REGISTRAR'S SIGNATURE FEB 191951 | 25. FUNERADIRECTOR | 2100 utable |
| | VS 150 | 0 1 5 9 2 | 13162 |

MIGHALAWAY HELVI





THOREM B. Dewich I FOW MEMORY CECIAN PILL JOHN T. DEWNY, INC. THE RESERVED



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|-----------|-----------------------------------|
| e le | BIRTH NO. |
| The | 1. NAME OF DEC (Type or Print) |
| નં | |
| plie | A. Baltimore Cit |
| supplied. | B. FULL NAME OF |
| ılly | INSTITUTION |
| F 2 | |
| gib | c. Length of sta |
| 0 0 | 5, SEX 6 |

UNFADING INK. Every item of information shoul Physicians: please write the causes of death clearly

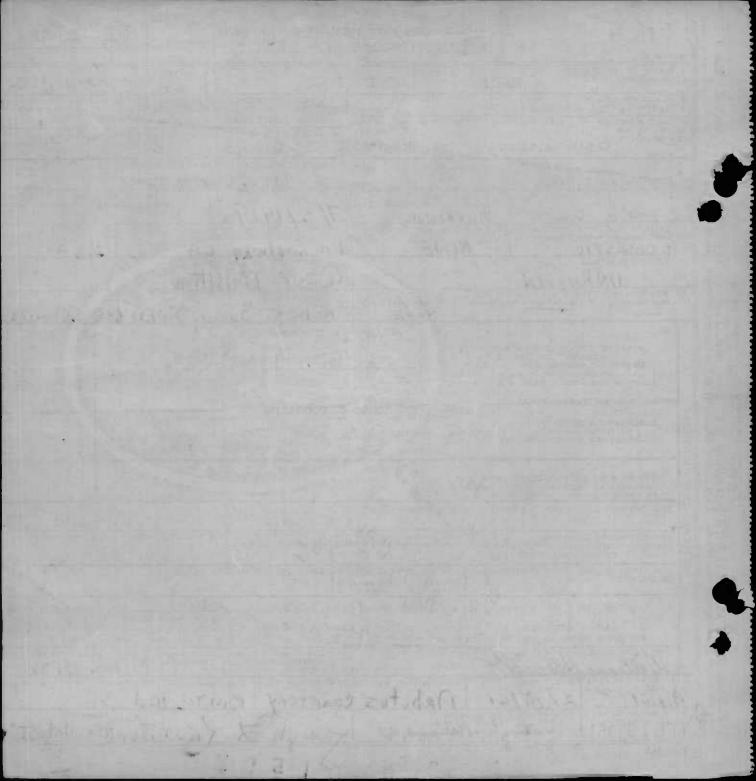
IY, WITH important.

PLEASE W. correct age is

MARGIN RESERVED FOR BINDING

| J., | 1033 | DA. | CEDTIEICAT | E OF DEATH | Registered N | 1.030 | |
|--------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------|--------------------------------------------|--|
| В | RTH NO. | | CERTIFICAT | E OF DEATH | registered 14 | 0 | |
| | NAME OF DECEASED bype or Print) | MARIE | SPRING | FIELD | OF Febru | uary 12, 1951 | |
| | PLACE OF DEATH: Baltimore City, Ma: | ryland | | 4. USUAL RESIDENCE (| | nstitution : residence before admission | |
| H | FULL NAME OF 'E OSPITAL OR ISTITUTION | not in hospital or institut | ion, give street address or location) | | f outside corporate in nits | , wat RAL and give | |
| Ш | South | Baltimore Gen | * | Baltimore | 11 | township | |
| _ | Length of stay in Ba | altimoro | Yrs. Mos. | o. STREET ADDRESS (If | arles Street | | |
| | | R OR RACE 7. SINGLE | Days E. MARRIED. | 8. DATE OF BIRTH | 9. AGE (in years) | Under I Year If Under 24 Hour | |
| | | Lored MAR | (ED, DIVORCED (Specify) | 7/5/1919 | last birthday) Mor | nths Days Hours Min | |
| work | A. USUAL OCCUPATIO | N (Give kind of 108. KINE , even if retired) | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or f | oreign country) | 12. CITIZEN OF WHAT COUNTRY | |
| 13 | 1. CONFSTIC | | LNE | LAURIN BURG | VA | USA | |
| 1~ | IINIKN | CINN N | | 14. MOTHER'S MAIDEN N | this- | | |
| 15 (Va | . WAS DECEASED EVER IN , no or unknown) (If yes, g | U. S. ARMED FORCES? | 16. SOCIAL | 17. INFORMANT | AC | DRESS | |
| (10 | (11 yes, g | TVE WAI OF GALES OF SERVICE) | SECURITY NO. | ROBERT SOES | 00 9:E1011 | 18 S. Charles | |
| | 18. 581.1 | | CAUSE | OF DEATH | | INTERVAL BETWEE | |
| | DISEASE OR CONDITION DIRECTLY | | | | | | |
| | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, | | | | | | |
| | injury or complication which caused death.) OUE TO | | | | | | |
| 1 | ANTECEDENT CAUSES Acute alcoholism | | | | | | |
| Z | DISEASES OR CON | IDITIONS, IF ANY, GIVIN | (B) | ETCOHOTT Dut | *************************************** | | |
| J. | UNDERLYING CON | CAUSE (A) STATING THE | | | | > | |
| CA | | | (C) | | | | |
| ERTIFICATION | OTHER SIGNIFICA | II NT CONDITIONS COM | ١- | | | | |
| F | TO THE DISEASE OR | DEATH, BUT NOT RELATE CONDITION CAUSING I | T | | | | |
| LC | 19A. DATE OF OPERA | TION 19B. MAJOR | FINDINGS OF OPER | ATION | | YES X NO | |
| EDICA | 21A. EXTERNAL CAUS UNDERLYING OR UTING CAUSE O | CONTRIB. about home, f | CE OF INJURY (e. g., in arm, factory, street, office bldg., o | n or 21c, WHERE DID (1 etc.) INJURY OCCUR? | If in Baltimore City, gi | | |
| M | 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK | | | | | | |
| | 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from | | | | | | |
| | the evidence ob | tained by said Auto | psy, Inspection or I | Autopsy, inquiry, find that said do X, accident [], suicide | Inspection or Inquiry eccased died on the | day stated above | |
| | 23A. SIGNATURE | Ill THE | | 238. CHIEF MEDICAL ASSISTANT MEDICAL | EXAMINER 230 | DATE SIGNED | |
| 24 | A. BURIAL, CREMA E | 4B. DATE 7 | 24c. NAME OF CEMETE | .D. MEDICAL INVESTIGAT RY OR CREMATORY 24d. L | OCATION (City, town, o | eb. 13, 1951 or county) (State) | |
| 1 | BURIAL (Specify) | 1/19/51 | 17 Rhutus | CENETERY BA | eto md | | |
| DA | | EGISTRAR'S SIGNATU | RE | 25. FUNERAL DIRECTOR | | ADDRESS . | |

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before admission)

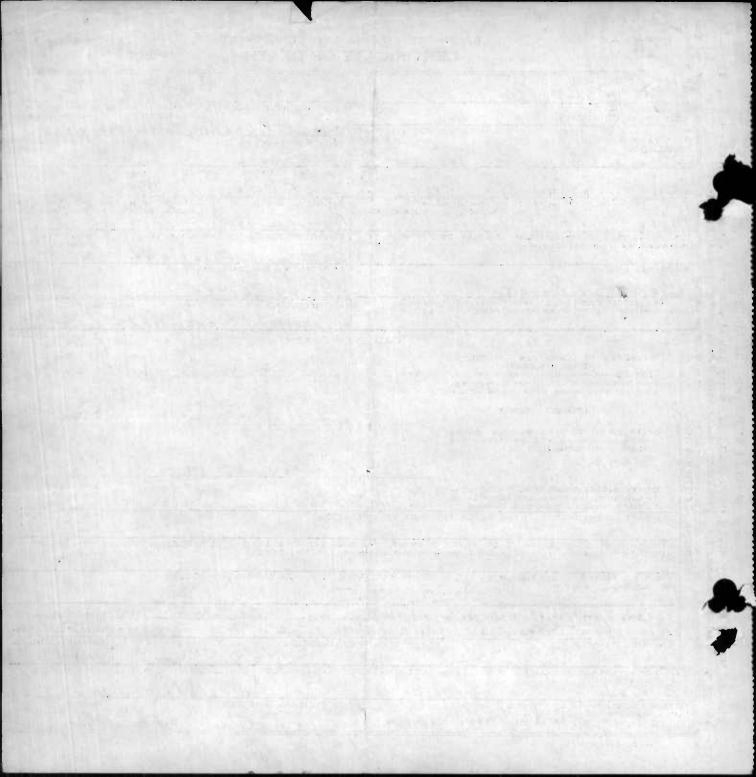
WHAT COUNTRY US. A

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

YES



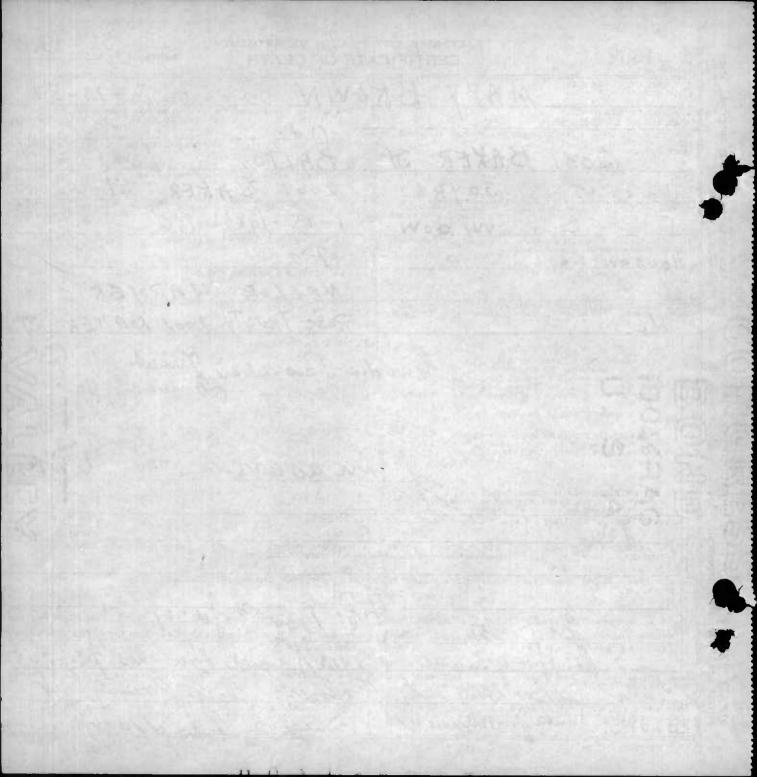
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| | | 1601 RTH NO. | | BAI | | EALTH DEPARTMENT E OF DEATH | Registere | 51 1601 | L |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------|-----------------------------------------------------------------|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| | | NAME OF D ype or Print) | Many | clark | 20 | | 2. DATE OF DEATH | 2-18-51 | |
| | | PLACE OF D Baltimore (| | Ball | to-md. | 4. USUAL RESIDENCE (W | | | |
| y. | H | FULL NAME OSPITAL OR ISTITUTION | of (If not in hospit | | ion, give street address or location) | | outside corporate li | mits, who light and g | |
| | H | 0 | | 1 | Yrs. Mos. | D. STREET ADDRESS Ilf | rural, give location | | |
| Je | | Length of s | tay in Baltimore | | Days MARRIED. | 1 4203 Spr | ngolale (| The state of the s | - |
| y 8 | | F | W | WIDOW | ED DIVORCED (Specify) | 10-10-1876 | 17 73 | Months Days Hours Mi | in. |
| clearly | | done during most o | CUPATION (Give kind of of working life, even if retired) | | O OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | reign country) | 12 CITIZEN OF WHAT COUNTR | |
| death | 13 | FATHER'S N | IAME | | | 14. MOTHER'S MAIDEN NA | | | |
| - 11 | 15 | EDWAG | D F. CLA | ARKE | I 16. SOCIAL | MARY C. GIB | 2011 | | |
| s of | (Ye | no or nnknown) | (If yes, give war or date | es of service) | SECURITY NO. | 17. INFORMANT | 7011 | ADDRESS | |
| causes | | NO 18. ユ つ | 3/X | | CALISE | OF DEATH | = 201 Ho | MELAND AVE | EEN |
| write the | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | | | | | | | 100 |
| please | ATION | UNDERLYING CONDITION LAST. | | | | | | | |
| ans | FIC | | | | (c) Ceret | o-Vasular acc | edent Lef | * | |
| Physicians: | ERTI | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | | | |
| | AL C | | | | FINDINGS OF OPER | RATION | | 20. AUTOPSY? | KZ |
| important | EDIC | 21A. ACCIDE HOMICIDE | NT. SUICIDE. (Specify) | | ACE OF INJURY (e. g., i farm, factory, street, office bldg., | | f in Baltimore Cit | y, give exact location) | Professional Section 1 |
| 113 | Σ | 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK | | | | | | | |
| especia | | 22. I hereby certify that I attended the deceased from 2-17, 1957, to 2-18, 1957, that I last saw deceased alive on 2-17, 1957, and that death occurred at 3:484 m., from the causes and on the date stuted abo | | | | | | | the |
| IS. | | 23A, SIGNAT | A.R. S | month | | St. Lands Ho | spital | 23c. DATE SIGNE | ED |
| ect age | NA | N. REMOVAL (S | DEMA VOLUME | | 24C. NAME OF CEMETE | | CATION (City, to | | ej |
| correct | D | FB 1919 | D BY REGISTRAR | | RE | 4.W. JENKINS | | o. 4905 YORK | |

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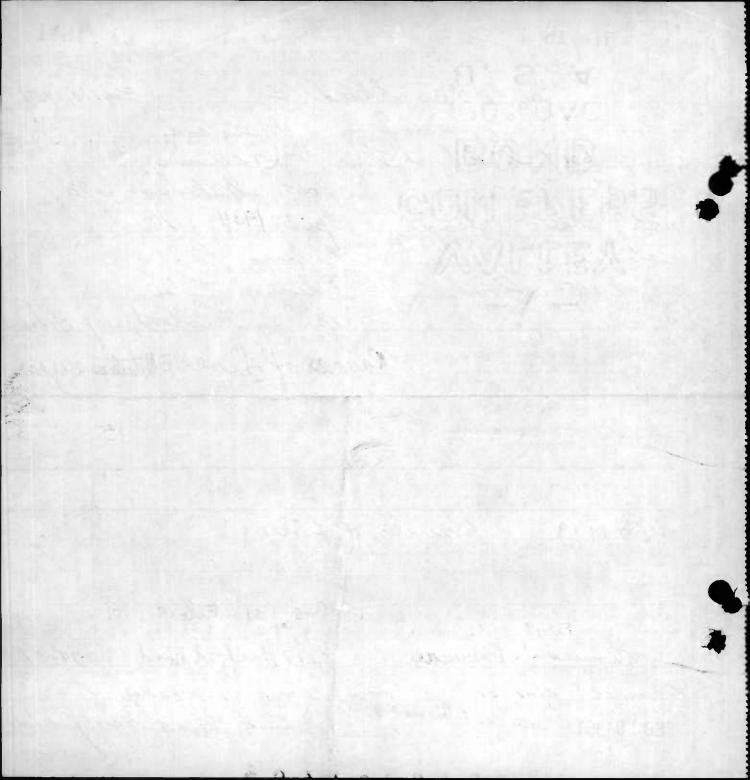
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|---|---------------------------------------------------------|
| | BIRTH N 1. NAME (Type or |
| | 3. PLACE A. Baltin B. FULL HOSPITA INSTITUT |
| | |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1603

Registered No-OF DECEASED 2. DATE Print) OF DEATH OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence nore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or vrite RUL/L and give township) location) (If outside corporate limit TION Yrs. (If rural give location) Mos. c. Length of stay in Baltimore Days 5. SEX If Under 1 Year AGE (In years) last birthday) Months: Days Hours Min. WIOOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EXER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO DEATH 18. 002 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DHE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from 2- 12, 1957, to 2-15-, 1957, that I last saw the , 1957, and that death occurred at 73012 m., from the causes and on the date stated above. deceased alive on 2 -15 23A SIGNATURE 23c. DATE SIGNED Hell Bue 24A. BURIAL, EREMA-TION, REMOVAL (Specify DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAF

VS 150



COUNTY before admission) (If outside corporate limits Avrite RURAL and give if Under | Year last birthday) | Months: Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY 20. AUTOPSY? NO X (If in Baltimore City, give exact location) Am., from the causes and on the date stated above.

MILESCON LINE South The Paris TE CHINES IN State of the Army Control A CHEST OF THE PROPERTY OF THE PARTY OF THE the place of the sense of the sense of the street in the Az a most of the world the track 2/22/21 Merthy the area of Marthen Con Est TELLINESSEE SEE SEE MANUELLE HE PERSONNELLE SEE 4 1 0 1 "

FREDERICK A. FKIUNI

BALTIMORE CITY HEALTH DEPARTMENT

51 1606

Registered No. ERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before indmission before indmissi 3. PLACE OF DEATH: A. Baltimore City, Maryland 20 before ndmission) B. FULL NAME OF (If not in hospital or institution, give st eet address or HOSPITAL OR location) (If outside corporate limits, write BURAL and give C. CITY OR INSTITUTION More ADDRESS (If rural, give location) Yrs. p. STREET Mos. 3 02/2014 c. Length of stay in Baltimore Davs 6. COLOR OR BACE 5. SEX 7. SINGLE, MARRIED BIRTH 8. DATE OF AGE (In years) if Under 1 Year Il Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) married 10A. USUAL OCCUPATION (Give kind of MIND OF BUSINESS OR work done during the tof working life, even if retired)

INDUST 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? MANNAL 13. FATHER'S NAME 14. MOTHER'S MAINEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. -07-9014 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFICA (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 1991, to 17, 1991, that I last out to 1991, to 1991, to 1991, to 1991, that I last out to 1991, that I last out to 1991, the 1 1931, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on , and that death occurred at_ 23A. SIGNATURE 23B. A'DDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 4c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or e 2-19-51 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

UNFADING INK. Physicians: please WITH important.

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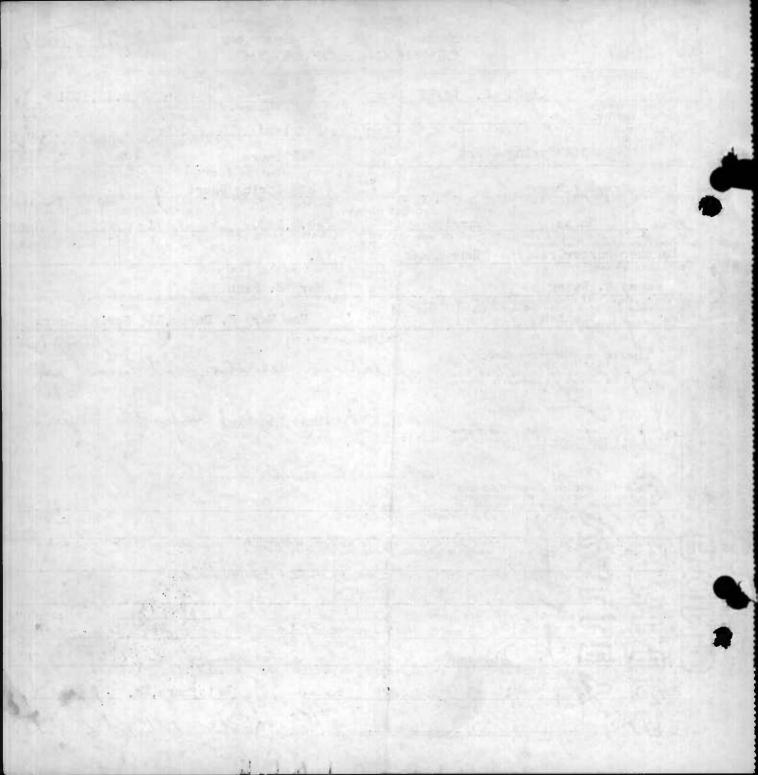
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MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

S1 Registered No. 1.607

| | RTH NO. | * | | SERTII ICAT | L OI DEATH | | | | |
|----------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------------|--|--|
| | NAME OF D | | S E. I | ATTY | | 2. DATE OF | h 10 1051 | | |
| | PLACE OF D | EATH: | 5 E. I | DAVEY | 4. USUAL RESIDENCE | | b. 16, 1951 If institution; residence | | |
| | FULL NAME | City, Maryland OF (If not in hospite | al or institution | on, give street address or | II . | B. COUNTY | before admission | | |
| HOSPITAL OR location | | | | | C. CITY OR TOWN | (If outside corporate) | mits, write RURAL and giv | | |
| ì | | 324 Sprin | g Court | | Baltimore 2 - 0 township | | | | |
| | | | | Yrs. Mos. | o. STREET ADDRESS | (If rural, give location) | | | |
| _ | | tay in Baltimore | | Days | 324 Spring | | | | |
| 5. | SEX | 6. COLOR OR RACE | 7. SINGLE. | MARRIED. ED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | Months: Days Hours: Min | | |
| | lale | White | Marr | | Feb.5,1880 | 71 | | | |
| O. | done during most | CUPATION (Give kind of of working life, even if retired) | | INDUSTRY | 11. BIRTHPLACE (State | or foreign country) | 12. CITIZEN OF WHAT COUNTRY | | |
| | Leather | worker, retir | ed (Shoe | maker / | Va. | | | | |
| 3. | FATHER'S | | | C | 14. MOTHER'S MAIDE | N NAME | | | |
| | | E. Davey | | | Mary E. Fin | n | | | |
| 95 | , no or unknown) | ED EVER IN U. S. ARMET | FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS | | |
| Y | es | Spanish | | | Mrs Mary | E. Davey,324 | Spring Court | | |
| 1 | 18. L.f. | 200, | | CAUSE | OF DEATH | | INTERVAL BETWEE | | |
| CERTIFICATION | OTHER | ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION | F ANY, GIVING STATING THE IST. ITIONS CON NOT RELATE. | (B) E UL GE OUE TO | terio-selero L'myocardi | al infarct | in - years | | |
| ادِ | 19A, DATE | OF OPERATION 0 1 | 9B. MAJOR | FINDINGS OF OPER | RATION | | 20. AUTOPSY? | | |
| | 21A. ACCID HOMICIDE | ENT, SUICIDE, (Specify) | 21B. PLAsabout home, fa | CE OF INJURY (e. g., rm, factory, street, office bldg., | in or 21c. WHERE DID INJURY OCCUR? | (If in Baltimore Cit | y, give exact location) | | |
| | 210. TIME OF INJURY | (Month) (Day) (Year) | w | TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK | | | | | |
| | 22. I herel | by certify that I att | ended the | teceusea from | 2-51, 19_, to | 2-16-51,19 | , that I last saw th | | |
| | | | (, 19 o | | rred at 8.25 g.m., fro | m the causes and or | | | |
| | 23A. SIGNA | mund R. | nowa | R M. O. | 108 S. Patter | son Park an. | 2-17-51 | | |
| 24 | A. BURIAL. | CREMA- 248. DATE Specify | 2 | 4C. NAME OF CEMETE | RY OR CREMATORY 24 | D. LOCATION (City, to | wn, or county) (State | | |
| | Burial | 2/20/5 | 51 | Holy C | Pross | Baltimore, Md | . 0 / | | |
| DA | TE RECEIVE | | S SIGNATU | RE / | 25. FINERAL DIRECT | | Soul & | | |
| | VS 150 | MALAGO | A THAT | Colored Julian | | | 17 | | |

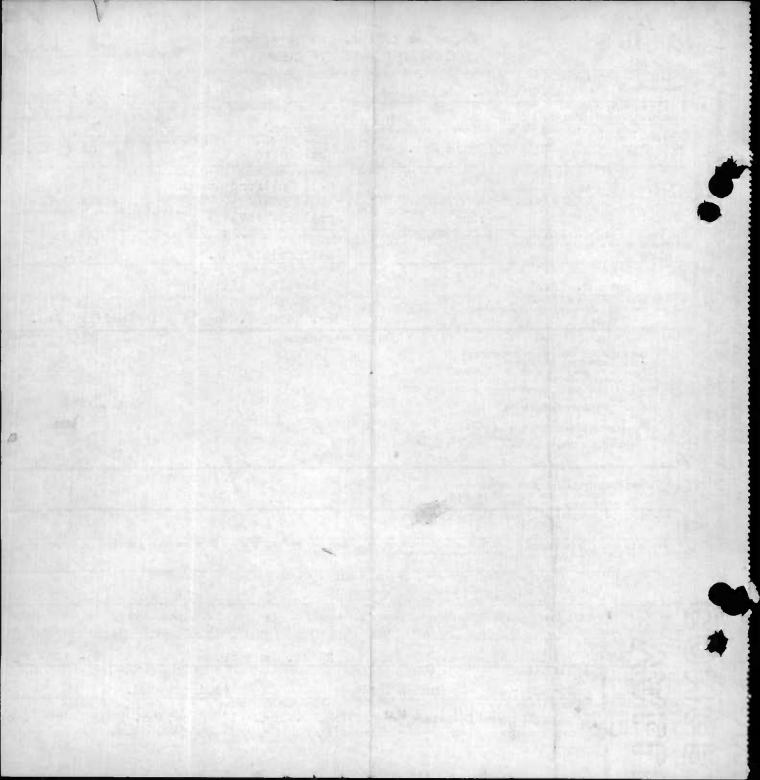


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BALTIMORE CITY HEALTH DEPARTMENT

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| В | IRTH NO. | | | CERTIFICAT | E OF DEATH | registered | 1110 | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|------------------------------------|--------------------------------|-----------------------------|
| 1. (T | NAME OF D Type or Print) | | de M. S | lack | 4 | 2. DATE. OF Feb | . 16, 195 | 1 |
| Α. | | City, Maryland | | | 4. USUAL RESIDENCE (V | Where deceased lived. B. COUNTY | If institution : re | |
| H | FULL NAME OSPITAL OR ISTITUTION | | Guilfor | ion, give street address or location) | | none outside corporate in | nits, write RVRA | Land give township) |
| c. | Length of s | tay in Baltimore | | 70 Yrs. Mos. Days | D. STREET ADDRESS (If 3014 Guilford A | | | |
| | sex female | 6.COLOR OR RACE | 7. SINGLE WIDOW Sing | E, MARRIED, ED, DIVORCED (Specify) | 8. DATE OF BIRTH April 20, 1874 | 9. AGE (In years last birthday) | If Under I Year Months Days Ho | Under 24 Hours ours Min. |
| 10 worl | NA. USUAL OC k dooe during most of NONE | CUPATION (Give kied of of working life, even if retired) | 108. KIND | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for Catonsville, Md | oreign country) | 12. CITIZEN WHAT C | |
| 13 | Jac | ob B. Slack | | | 14. MOTHER'S MAIDEN NAME Llewellyn Gilliland | | | |
| (Ye | 5. WAS DECEASI | D EVER IN U, S. ARMEI (If yes, give war or date | FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Edith B. Ra | sely 3014 G | ADDRESS uilford A | ve. |
| CERTIFICATION | (This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D | E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of the complication which complication which complication is a complication of the complication which is the complication of the complication which is the complication of the complication which is the complication of th | TH of dying, e. g ns the diseas- aused death SES F ANY, GIVIN STATING TH IST. TIONS CON NOT RELATE CAUSING I | (B) | Drulit | rosis | , | SNOWN |
| CAL | 19A. DATE C | F OPERATION 0 1 | 9B. MAJOR | FINDINGS OF OPER | ATION | | 20. AUT | TOPSY? |
| MEDIC | LYING OR CONTRIBUTING about home, form, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, form, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? | | | | | | | |
| | OF INJURY | Month) (Day) (Year) | | WHILE AT WORK AT WORK | | Y OCCUR? | | |
| | 22. I hereby certify that I attended the deceased from 15, 1949, to 16, 1957, that I last saw to deceased alive on 15/12, 195/2 and that death occurred at m., from the causes and on the date stated about | | | | | | | |
| | | orles K. Sou | | u) M. D. | 38. ADDRESS 29 2 3 St. Paul St. | | 23c. DATE 2 - 17 | - 51 |
| | Burial Burial | 1 2 - 19 - | 51 | Loudon Park | | ocation (City, tov | | (State) |
| | ATE RECEIVE OCAL REGIST FEB 19' | | | | John O.Mitchell & | Sons, Inc | ADDRESS 1900 Eutar | w Plac |
| | VS 150 | 3. 3. | 4 | | , I be in forces | m | 0. | - |

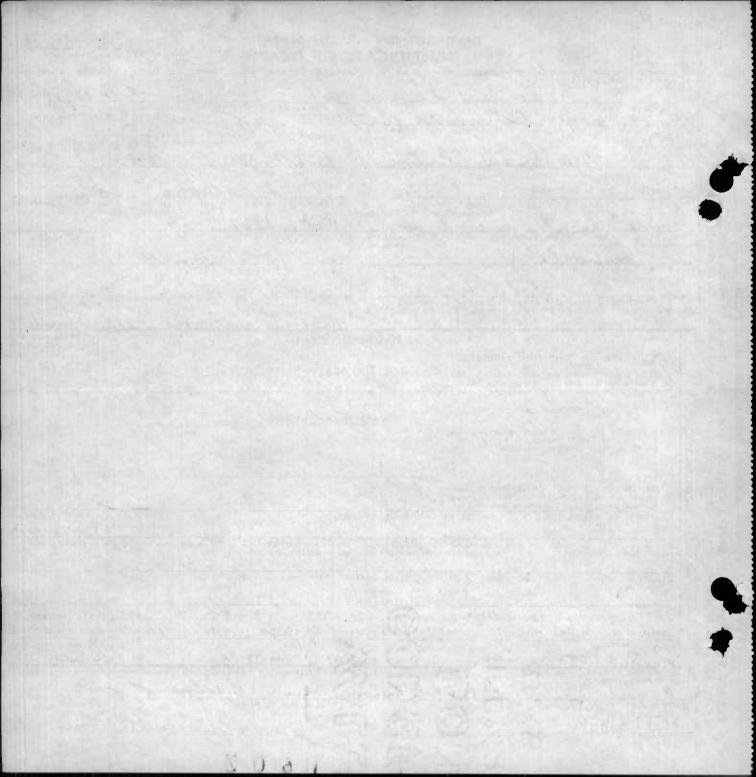


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1609

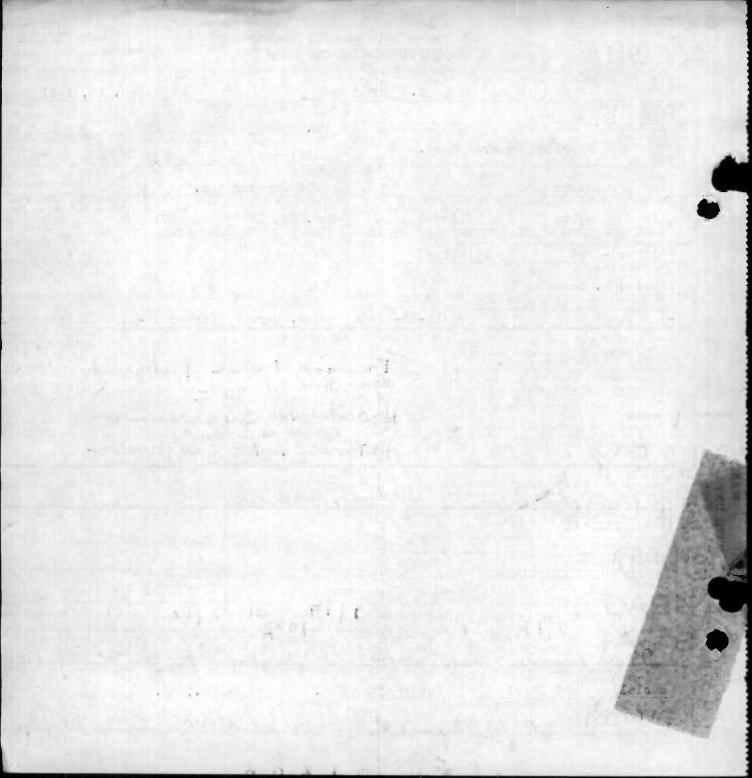
| | NAME OF DECEASED & | | 2. DATE COF |
|-----------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| | rouse horn | 11 | DEATH Tel. 17 1951 |
| | PLACE OF DEATH: Baltimore City, Maryland Baltimuse Md | A. STATE | B. COUNTY before admission) |
| | FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location | The state of the s | |
| | STITUTION OF A DO A | c. CITY OR TOWN (If or | itside corporate limits, write RIRAL and give township) |
| | 910 Lould Clinton St | Baltimore | 10 |
| | Yrs. Mos. | | ral, give location) |
| _ | Length of stay in Baltimore & S You Days SEX 6. COLOR OF RACE 7. SINGLE, MARKED. | | 9. AGE (In years) If Under 1 Year If Under 24 Hours |
| 1 | emale white widowed (specific | Oct 1 1861 | last birthday) Months Days Hours: Min. |
| | A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTR | 11. BIRTHPLACE (State or fore | ign country) 12. CITIZEN OF WHAT COUNTRY? |
| | Housewile | 12 // 1 // | manel |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAM | |
| | Schullee | unknown | |
| 13 (Ye | . WAS DECEASED EVER IN U.S. ARMED FORCES? I, no or unknown) (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT | ADDRESS A |
| | SECONTINO. | Mrs Ratherine | Colain 2832 (Nonnell |
| | 18. 425. 1 . CAUSE | OF DEATH | INTERVAL BETWEEN |
| | DISEASE OR CONDITION DIRECTLY | | ONSET AND DEATH |
| | (This does not mean the mode of dying, e.g., (A) | ronary thrombosis | 4 days |
| | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | | |
| | ANTECEDENT CAUSES | | |
| Z | (B) Aeth | erosclerosis | ? |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | | |
| Y | UNDERLYING CONDITION LAST. | | |
| RTIFIC | (C) | | |
| R | OTHER SIGNIFICANT CONDITIONS CON- | | |
| CE | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE | RATION | 20. AUTOPSY? |
| N X | | | YES NO V |
| EDIC | 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g. HOMICIDE (Specify) about home, farm, factory, street, office bidg | | in Baltimore City, give exact location) |
| M | | | |
| - | 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUR | | occur? |
| | m. WHILE AT NOT WHILE MY WORK AT WORK | E | |
| | 22. I hereby certify that I attended the deceased from De | c. 20, ,19 50to Feb | , 17 , 19 51 that I last saw the |
| | deceased alive on 2-17-51, 19 and that death occur | erred at 10:40pm., from the | causes and on the date stated above. |
| | 230. SIGNATURE | 23B. ADDRESS | 23c. DATE SIGNED |
| | | 3037 O'Donnell St | 2-19-51 |
| TI | ON, REMOVAL (Specify) | ERY OR CREMATORY 24D. LOC | + > / |
| - | Burral Feb 21 1951 Oak Kaw | A CONTRACTOR OF THE PARTY OF TH | limore Ind. |
| | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR | ADDRESS |
| _ | FEB 191951 | John Juda | Anc. 2829 Hudson St. |
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BALTIMORE CITY HEALTH DEPARTMENT

4049

| - | BIR | I.O.I. | | (| CERTIF | ICAT | E OF DEATH | Registered | No. | 1.01% |
|---|---------------|-------------------------------------------|-------------------------------------------------------------------------------|----------------|----------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|-------------------------------------|
| | 1. N | NAME OF D | Charles | Andrew | Grape | Ec | cleston | 2. DATE Fel | MUAR | 97 16 |
| | | PLACE OF D | | 2-1-1 | | 7.83 | 4. USUAL RESIDENCE (| | | ion : residence before admission |
| | HOS | ULL NAME SPITAL OR STITUTION 600 | | - 0 | on, give street TARiu | 1 42 > | The state of the s | f outside corporate lin | ors | RURAL and give township |
| | | | tay in Baltimore | | | Yrs. Mos. Days | D. STREET ADDRESS (B) | f rural, give location) | | |
| | | ale | 6.COLOR OR RACE | WIDOWE | MARRIED, ED, DIVORCI Cried | ED (Specify) | 8. DATE OF BIRTH Apr. 11, 1875 | 9. AGE (In years last birthday) | If Under 1 Ye Months Da | ays Hours Min. |
| | 10A work d | Bookkee | CUPATION (Givekind of of working life, even if retired) | | & Elec | NDUSTRY | 11. BIRTHPLACE (State or : | foreign country) | | TIZEN OF HAT COUNTRY |
| | 13. | FATHER'S | | | <u>a 2100,</u> | | 14. MOTHER'S MAIDEN N | NAME | | |
| | | | Edward Eccle | | | | Marguerita Grap | oe . | | |
| | 15. (Yes, | MAS DECEASI no or nuknown) no | ED EVER IN U.S. ARMED (If yes, give war or dated | FORCES? | 16. SOCIAL SECUR | TTY NO. | 17. INFORMANT Mrs. Florence | May Ecclesto | 30 THE | Shester A |
| | | 18. 44 DISEAS | SE OR CONDITION LEADING TO DEA | | | Chres | OF DEATH | DITIS AND | ON | SET AND DEATH |
| | | heart failt | s not mean the mode of are, asthenia, etc. It mea complication which of | of dying, e.g. |) DUE TO | | OCARDIAL De | | | |
| | TION | RISE TO T | ANTECEDENT CAUS S OR CONDITIONS, 1 THE ABOVE CAUSE (A) | F ANY, GIVING | G DUE TO | Types Di | etensive CARDI SRASE | is-Vasauli | 19 | ? |
| | RTIFICA | UNDERL | YING CONDITION LA | AST. | (0) | rene | RAlized AR | terius clero | 5/5 |) |
| | CER | TRIBUTING | SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION | NOT RELATE | | Sei | nility | | | |
| | AL | 19A. DATE C | OF OPERATION 1 | 9B. MAJOR | FINDINGS | OF OPER | RATION | | | O. AUTOPSY? |
| | MEDIC | 21A. ACCIDE HOMICIDE | ENT. SUICIDE, (Specify) | 218. PLA | CE OF INJU | RY (e. g., i | | (If in Baltimore City | , give exa | ct location) |
| | | 21D. TIME OF INJURY | (Month) (Day) (Year) | w | HILE AT WORK | OCCURR NOT WHILE AT WORK | N. P. Barrier at a second of the latest and the latest at | RY OCCUR? | | |
| | | | | | | | ORWARY 5, 1951, to F | | | |
| 1 | | deceased a | | | | | rred at 10.45 Pm., from | the causes and on | | |
| | | 23A. SIGNA | Celin n. | Bruk | en | | 2030 W. Fage | the Street | 230. | 16/51 |
| | Z4A TION | A. BURIAL, N. REMOVAL (S Burial | CREMA: 24B. DATE 2/19/1 | | 4c. NAME o | | | LOCATION (City, town Pikesville./ | | nty) (State) |
| | DA | TE RECEIVE | D BY REGISTRAR | SSIGNATUI | | 4.12 | 25 FUNERAL DIRECTOR | laner Vo | ADDR | salto: |
| | = | VS 150 | 1338 | | | | | 0 | 92' | ma. |

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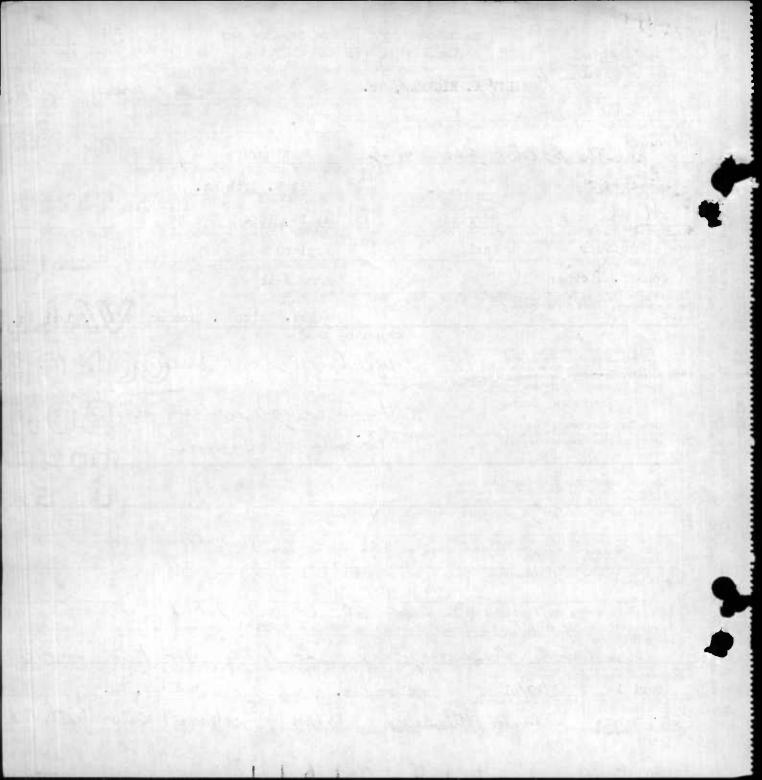
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| The | 2 5 5 1 1613 BALTIMORE CITY HE CERTIFICATE | | | | Registered | 51 161 | 3 | | |
|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------|----------------------------|------------------------------------------------|--------------------|
| | 1. (T | NAME OF DE 'ype or Print) | | ILIP A. P | HICKMAN, Sr. | | 2. DATE // OF DEATH THE | bouary 17,1 | 951 |
| supplied. | | PLACE OF DE Baltimore C | ATH: ity, Maryland \ | | | 4. USUAL RESIDENCE (| | If institution: reside | nce nission) |
| ully su y. | B. HO IN | FULL NAME OSPITAL OR | the Bulk | tal or institution | on, give street address or location) | | f outside corporate lin | mits write HURAL at | nd give wnship) |
| | 4 | Longth of et | ay in Baltimore | | Yrs. Mos. | D. STREET ADDRESS (If 211 W. 27th | | | |
| ald b. | | | 6. COLOR OR FACE | | D, DIVORCED (Specify) | 8. DATE OF BIRTH May 29, 1894 | 9. AGE (in years) | If Under I Year If Under Months Days Hours | 24 Hours Min. |
| n shrilearl | 10 work | A. USUAL OCC | UPATION (Give kind of gorking life, even if retired 1 our | Taxi | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or i | oreign country) | 12. CITIZEN OF WHAT COU | NTRY? |
| information ships of death clear | | I3. FATHER'S NAME John T. Hickman | | | | 14. MOTHER'S MAIDEN N Emma West | IAME | | |
| of inforuses of c | | | | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Edith H | • Hickman | ADDRESS 211 W. 27th | Sta |
| LESERVED FOR INK. Every item lease write the cau | FICATION | (This does heart failur injury or DISEASES RISE TO THE | E OR CONDITION LEADING TO DEA not mean the mode e, asthenia, etc. It me complication which ANTECEDENT CAU OR CONDITIONS, LE ABOVE CAUSE (A ING CONDITION L | TH of dying, e. g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE | | Lusive e.V. E congestive many Occlu | direase Least for | INTERVAL BE ONSET AND | |
| MAKGIN F UNFADING Physicians: p | CERTIFI | TRIBUTING | GNIFICANT COND TO THE DEATH, BUT SEASE DR CONDITION | NOT RELATED | | | | | / |
| | AL | 19A. DATE OF | OPERATION | 19B. MAJOR | FINDINGS OF OPER | ATION | | YES YES | PSY? |
| LY, WITH important. | EDIC | | ENT WAS UNDER- CONTRIBUTING | | CE OF INJURY (e. g., in rm,factory,street,office bldg.,e | or 21c. WHERE DID (tc.) INJURY OCCUR? | If in Baltimore City | y, give exact location | n) |
| L im | Σ | OF INJURY | Month) (Day) (Year | m. W | 1E. INJURY OCCURRI | | | 30) | |
| Eespec | | | URE A | $\frac{2}{19}$ | nd that death occur | red at 12 Month, from 13B. ADDRESS P. Of | the causes and on | that I last so the date stated of 23c. DATE SI | above. |
| ASE Vect ag | 24 TIC | Burial Burial | REMA- 24B. DATE | 4 | 4c. NAME OF CEMETE Woodlawn Ce | RY OR CREMATORY 24D. L | Woodlawn, | | State) |

211 W. 27th St. INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES D NO City, give exact location) 192 that I last saw the d on the date stated above. 23c. DATE SIGNED y, toyh, or county) Woodlawn, Md. 25. FUNERAL PIRECTOR ADDRESS

VS 150

DATE RECEIVED BY LOCAL REGISTRAR

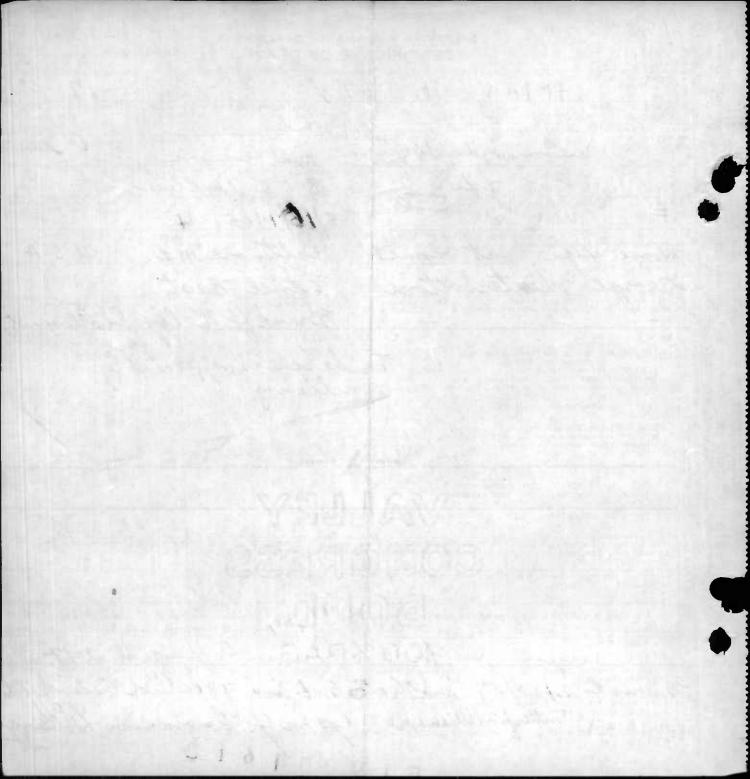


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| 4 | ully | Ibly. |
| MARGIN RESERVED FOR BINDING | PLEASE W. I. P. I.Y, WITH UNFADING INK. Every item of information should be ully supplied | correct age is especial important. Physicians: please write the causes of death clearly. Here |
| RESERVED | INK. Every | please write t |
| MARGIN | UNFADING | Physicians: |
| | LY, WITH | important. |
| | 四百 日 | is especialr |
| | PLEASE W | correct age |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No-NAME OF DECEASED 2. DATE (Type or Print) MARIAN OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate mys, write WURA Dand give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED If Under 1 Year 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Give kind of work done during most of working life oven if retired) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT SOUNTRY? House We 13. FATHER'S NAME SED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service) SOCIAL SECURITY NO 18. 019.2 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER eboot home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK deceased alive on 2-17, 1951, and that death occurred at 9 30 pm., from 23A. SIGNATURE 2 . 17, 1951, that I last saw the Am., from the causes and on the date stated above. 24A. BURIAL, CREMA-TION REMOVAL (Speciev) Duria DATE RECEIVED BY LOCAL REGISTRAR 150

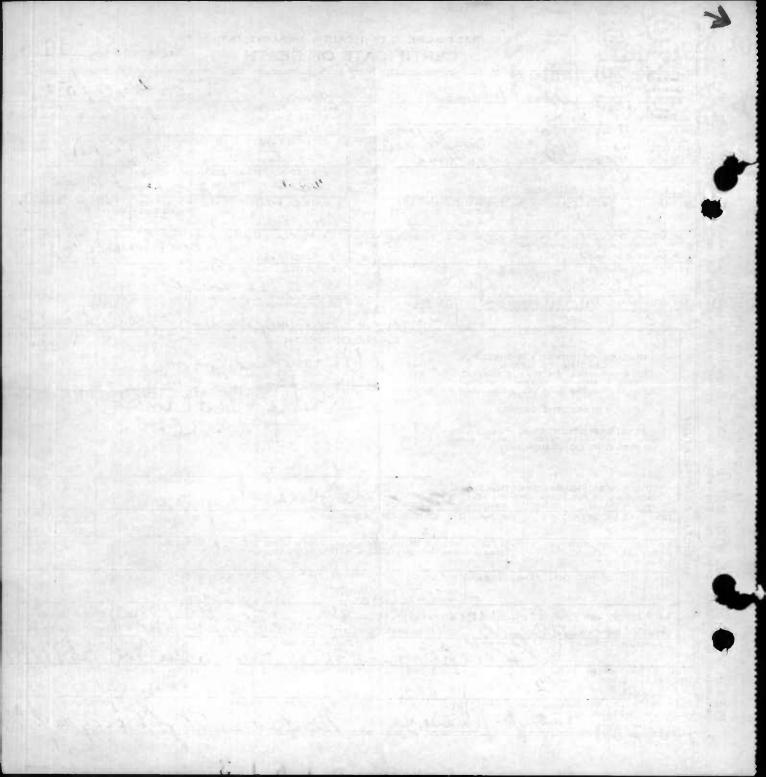


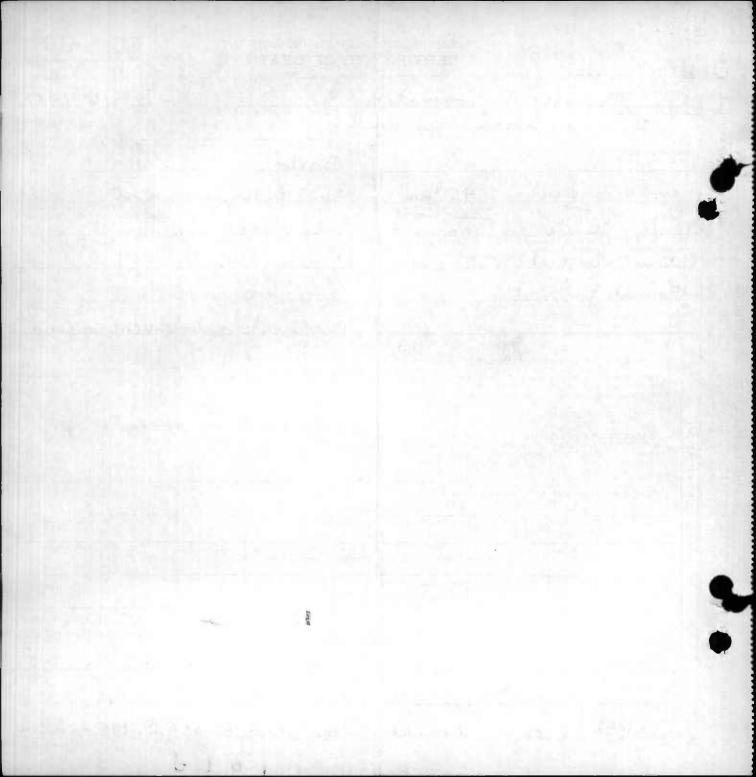
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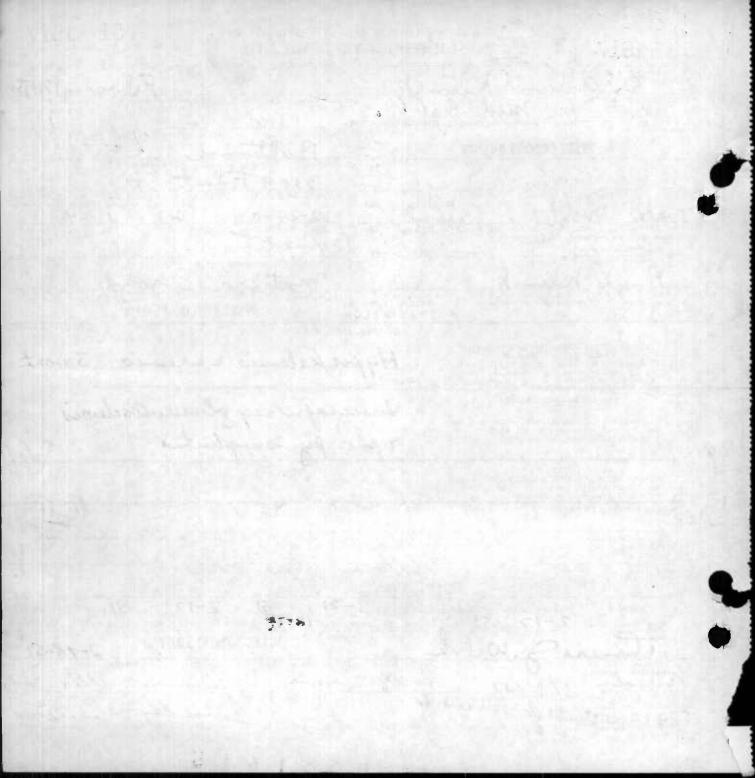
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Shows that there was no endence to support suffocation in this case Baby had been treated for a week is for upper respiratory infection. Case showed be classified as natural causes of deagnosis changed To Bronello preumona kee to reper respiratory infection-1 wh Sel Fisher MD

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| 07 | 151 | J | | CERTIFICAT | E OF DEATH | Registered N | 0 |
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| | RTH NO. | | | OLIVIII TOXII | L OI DEXIII | | |
| 1. (T | NAME OF D | DECEASED | HARLES | KVICALA | 7 | of Feb. | 17, 1951 |
| A. | | City, Maryland / | | atterson Park | 4. USUAL RESIDENCE (| Where deceased lived, If is B. COUNTY | nstitution : residence before admission |
| HO | FULL NAME OSPITAL OR ISTITUTION | OF (If not in hospi | tal or institut | tion, give street address or location | | If outside corporate limits, | write RURAL and give township |
| | | | | Yrs. | D. STREET ADDRESS (I | f rural, give location) | |
| | | stay in Baltimore | | years Mos. Days | | tterson Park A | |
| | SEX | 6. COLOR OR RACE | | E. MARRIED, VED, DIVORCED (Specify | | | Inder 1 Year H Under 24 Hours ths Days Hours Min. |
| | male | white White White | 10- KINE | married | Nov. 12, 1877 | foreign country) | |
| work | doordwing Tool | of working life, even if retired |) | o of Business or INDUSTRY Tailoring | Czechoslovakia | | 12. CITIZEN OF WHAT COUNTRY |
| 13 | FATHER'S | NAME | | | 14. MOTHER'S MAIDEN | NAME | 0.0 |
| | | unknown | | Kvicala | unknow | | my |
| 15 (Yes | . WAS DECEAS | ED EVER IN U. S. ARME (If yes, give war or dat | D FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | AD | DRESS |
| | 10 | | | 32001111140. | Antonie Kvicala, | wife, above | |
| | DISEA (This doe heart fail | CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH Cause Conduct Lacilor Cause OF DEATH Cause Conduct Lacilor Cause OF DEATH Conduct Lacilor Cause OF DEATH Conduct Lacilor Cause OF DEATH ONSET AND ONSET AND ONSET AND ONSET AND Cause Conduct Lacilor Cause OF DEATH Conduct Lacilor Cause OF DEATH Conduct Lacilor Cause OF DEATH Conduct Lacilor ONSET AND ONSET AND ONSET AND Cause OF DEATH Cause OF DEATH Conduct Lacilor Cause OF DEATH Conduct Lacilor Cause OF DEATH ONSET AND ONSET AND ONSET AND Cause OF DEATH Conduct Lacilor Cause OF DEATH Cause OF DEATH Conduct Lacilor ONSET AND ONSET AND ONSET AND ONSET AND ONSET AND Cause OF DEATH Cause Conduct Lacilor Cause OF DEATH Cause Conduct Lacilor Cause OF DEATH Conduct Lacilor ONSET AND ONSET AND ONSET AND ONSET AND ONSET AND ONSET AND Cause Conduct Lacilor Cause OF DEATH Cause Conduct Lacilor ONSET AND ONSET AND | | | | | |
| CERTIFICATION | RISE TO UNDERL | ANTECEDENT CAU SOR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION L II SIGNIFICANT CONE IG TO THE DEATH, BUT DISEASE OR CONDITION | IF ANY, GIVE) STATING T AST. DITIONS CO | NG (B) | o ues | , | |
| | | | | FINDINGS OF OPE | RATION | | 20. AUTOPSY? |
| EDICAL | 21A. ACCID HOMICIDE | ENT. SUICIDE, (Specify) | 21B. PL. | ACE OF INJURY (e. g., farm, factory, street, office bldg. | | (If in Baltimore City, g | YES NO Live exact location) |
| Σ | 21p. TIME OF INJURY | (Month) (Day) (Year | (Hour) m. | 21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK | | RY OCCUR? | |
| | deceased a | live on July | tended the 2, 1957, | | 23B. ADDRESS East | the causes and on th | that I last saw the date stated above |
| 2.4 TI | 4A. BURIAL, ON REMOVAL (BUTIAL | CREMA- 24B. DATE Specify) Feb. 21 | 1951 | Oak Lawn Cemen | etery 7225 | Eastern Ave. | |
| | ATE RECEIVE | | SSIGNAT | URE MARK | 25 Enimunek Fune 2601-3-5 E. Ma | ral Home, Inc. | |

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acente andrew Laders 14 later Alleman Luca Central Section 1953 1 Feet - 1 1989 (Type or Print)

HOSPITAL OR

INSTITUTION

5. SEX

female

I. NAME OF DECEASED

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of

work done during most of working life, even if retired)

housewife

13. FATHER'S NAME

(Yes, no or uokoown)

no

A. Baltimore City, Maryland 2516 E. Chase St.

6. COLOR OR RACE

white

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoown) (If yes, give war or dates of service)

3. PLACE OF DEATH:

location)

Yrs.

Mos.

Days

INDUSTRY

A. STATE

C. CITY OR TOWN

8. DATE OF BIRTH

Nov. 25, 1873

17. INFORMANT

Baltimore, Md.

14. MOTHER'S MAIDEN NAME

KATHERINE THERESA LOSS

(If not in hospital or institution, give street address or

life

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

16. SOCIAL

SECURITY NO.

windowed

IOB. KIND OF BUSINESS OR

at home

Miller

before admission)

township)

rite RURAN and give

12. CITIZEN OF WHAT COUNTRY?

Feb. 17, 1951

9. AGE (In years If Under I Year li Under 24 Hours last birthday) Months; Days Hours Min.

ADDRESS

above

Registered No.

2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution : residence

2516 E. Chase St.

Md.

11. BIRTHPLACE (State or foreign country)

Baltimore

D. STREET ADDRESS (If rural, give location)

unknown

Mrs. Mary Eyans, daughter,

OF

DEATH

B. COUNTY

(If outside corporat Vimite, v

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on should clearly a information death of UNFADING INK. Every item of i Physicians: please write the causes MARGIN RESERVED E Pi LY, WITH specials, important.

PLEASE WF correct age is

| | 18. 334X | CAUSE OF DEATH | INTERVAL BETWEEN |
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| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | (A) Cerebrol Opop | lexy 4 hours |
| ICATION | ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | 1070+ |
| CERTIF | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| 1 | 19A. DATE OF OPERATION 19B. MAJOR | FINDINGS OF OPERATION | 20. AUTOPSY? |
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| | OF INJURY | ILE AT NOT WHILE AT WORK AT WORK | |
| | 22. I hereby certify that I attended the d | eceased from April 1945 to fel | that I last saw the |
| | | nd that death occurred at 12 12 m., from the | causes and on the date stated above. |
| | Dourd Schalenden | M. D. 1 | |
| | ON, REMOVAL (Specify) | C. NAME OF CEMETERY OR CREMATORY 24D. LOCA | |
| - | | | ld Frederick Rd. Balto. |
| | ATE RECEIVED BY REGISTRAR'S SIGNATURE LB 191951 | Schimunek Funeral 2601-3-5 E. Madiso | Home, Inc. ADDRESS |
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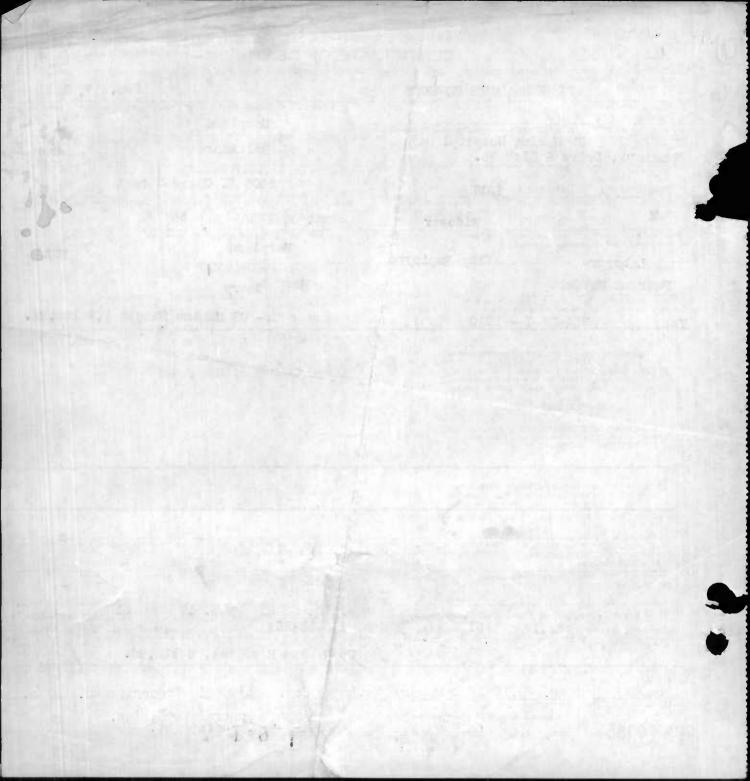
WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

township)

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) olence MoJo OF DEATH O 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland before admission) 308 B. FULL NAME OF (If not in hospital or institution, give street address or AMBRONE ALVE. HOSPITAL OR location) (If outside corporate limits, write BURAI and give C. CITY OR TOWN INSTITUTION BON SECOURS ALTIMONE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs GLE MARRIED 9. AGE (In years) If Under 1 Year If Under 24 Hours DOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF informatio work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY BALTIMORE, Ud. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marcella Jean. Edward J. Joyes. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. Jean Joyes. 3308 St. Ambrose Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH PERTENSIVE CARDIO -(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. Renal Disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS LY, WITH important. DICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING HOME CAUSE OF DEATH 11 BedRown ST HOME 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE OF INJURY Fell in Belkrom. ended the deceased from 2-9, 1951, to 2-16, 1951, that I last saw the 1951, and that death occurred at 2. m., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from ? -] deceased alive on 2-16 23A SIGNATURE 23c. DATE SIGNED 24A BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24B, DATE Cathedral Cemetery, Feb. 20, 1951 Baltimore, Md.

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REGISTRAR'S SIGNATURE

www. 4611 Park Heights Ave.

ADDRESS

FUNERAL DIRECTOR

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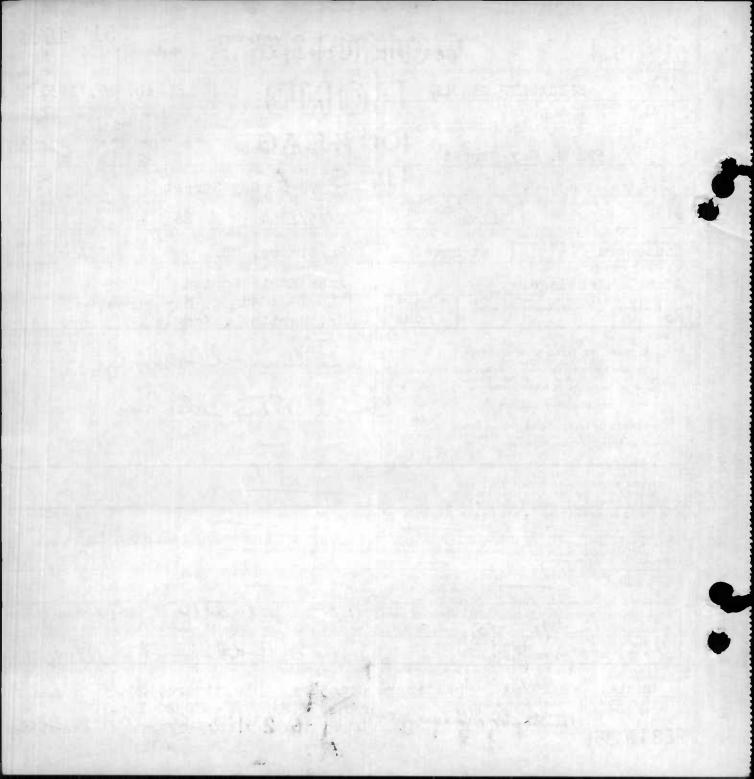
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| 51 1623 BIRTH NO. |
| 1 NAME OF DECEA |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

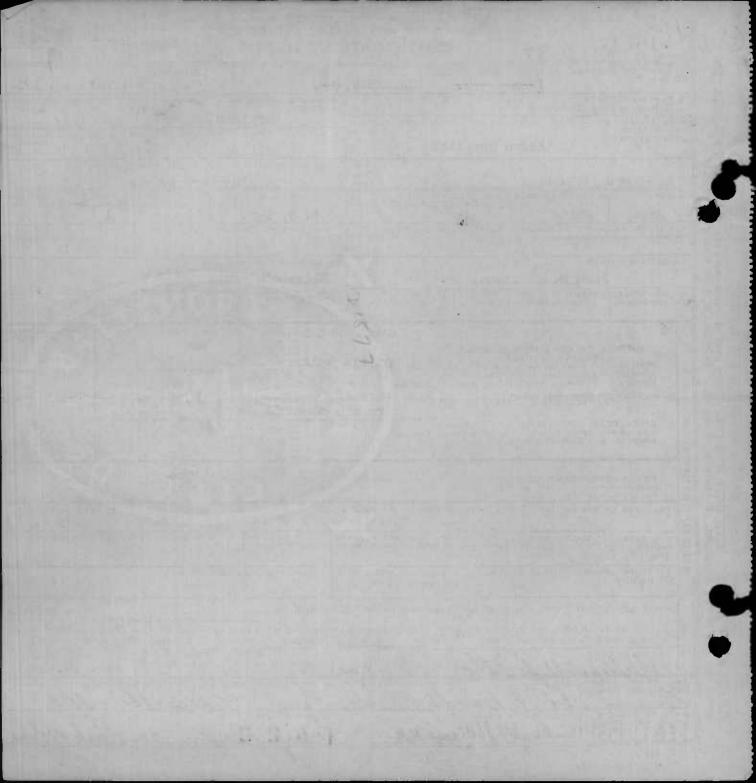
51 1623 Registered No-

| | | NAME OF DECEASED Spe or Print) ELIZABETH KEAGLE | 2. DATE OF Peb. 17, 1951 | | | |
|---|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1 | | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence | | | |
| П | B. | FULL NAME OF (If not in hospital or institution, give street address or location) | Maryland B. COONTY Declare admission) | | | |
| | NI () | 572 N. Gay Street | Baltimore (If outside corporate limits, write RURAL and give bownship) | | | |
| 1 | Yrs. Mos. | | D. STREET ADDRESS (If rural, give location) | | | |
| 2 | _ | Length of stay in Baltimore Days | 572 N. Gay Street | | | |
| | 5. F | SEX 6.COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) WIGOW | 8. DATE OF BIRTH 2/25/1864 9. AGE (In years 11 Under 1 Year 11 Under 24 Hours 12 12 13 14 15 15 15 15 15 15 15 | | | |
| | 10 work | A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR (done during most of working life, even if retired) | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | | | |
| 3 | 1 | dousework at home | Baltimore, Md. USA USA | | | |
| 3 | 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | |
| | | Adam Laudenslager | Anna Marie Kariss | | | |
| 5 | 15 (Yes | was deceased ever in U. S. Armed Forces? 16. Social Security No. | 17. INFORMANT 572 N. Gay Streetess | | | |
| 3 | | No none | Mr. Martin L. Keagle | | | |
| 3 | | 18. 33/X 1 CAUSE (| OF DEATH | | | |
| ١ | | DISEASE OR CONDITION DIRECTLY | ONSET AND DEATH | | | |
| 5 | | (This does not mean the mode of dying, e.g., | te wim framery | | | |
| | | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO | | | | |
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| 3 | Z DISEASES OR CONDITIONS, IF ANY, GIVING | | | | | |
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| . | CA | UNDERLYING CONDITION LAST. | | | | |
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| 2 | ER | OTHER SIGNIFICANT CONDITIONS CON- | | | | |
| | Ö | TO THE DISEASE OR CONDITION CAUSING IT. | | | | |
| : | اد | 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER | | | | |
| 3 | CAL | 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in | ves No lar 21c. WHERE DID (If in Baltimore City, give exact location) | | | |
| | MEDI | LYING OR CONTRIBUTING about home, farm, factory, street, office bldge | | | | |
| | | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY | | | | |
| | | m. WHILE AT NOT WHILE AT WORK | | | | |
| | | 22. I hereby certify that I attended the deceased from 195, to 2 , 195, to 2 , 196, that I last saw the deceased alive on 195, and that death occurred at 10 , m., from the causes and on the date stated above. 233. SIGNATURE 236. DATE SIGNED | | | | |
| 2 | | deceased alive on 19. and that death occurred at 10 m., from the causes and on the date stated above. | | | | |
| | | u. h. o. 1 | 38. ADDRESS BURGLEST 23C. PATE SIGNED 1919/51 | | | |
| 3 | 24 TIC | AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER | RY OR CREMATORY 240. LOCATION (City, town, or county) (State) | | | |
| 3 | | burial 2/20/51 Baltimore Ce | metery Baltimore, Md. | | | |
| - | LC | ATE RECEIVED BY REGISTRAR'S SIGNATURE | HENRY SANDER & SONS, INC. ADDRESS BALTOG, 13, IMD. Sen JP / tunde. | | | |
| | 7 | FR 19 1051 | To comment | | | |



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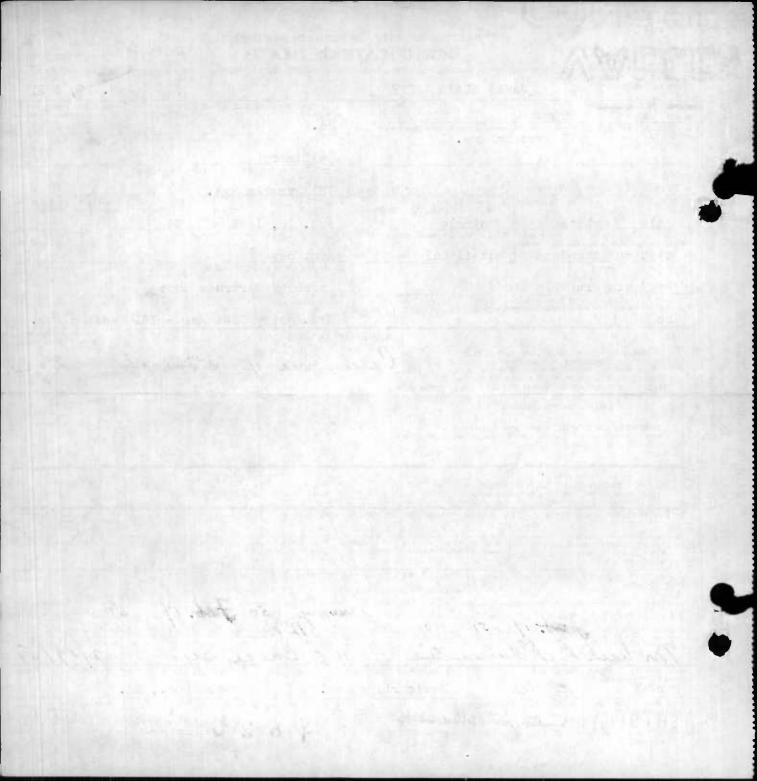
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| | LY, WITH UNFADING INK. Every item of information should be important. Physicians: please write the causes of death clearly a sibly. | |

PLEASE W

| 100 51 1625 BIRTH NO. | BALTIMORE CITY HE CERTIFICATI | | Registered | 51 1625 No. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------|----------------------------------------|
| 1. NAME OF DECEASED (Type or Print) JAMES | BLAIR SHOFF | | OF FORTH | eb. 17, 1951 |
| B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION 721 Evesham | sstitution, give street address or Ave • location) | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission | | |
| c. Length of stay in Baltimore | Yrs. Mos. Days | 721 Evesham Ave | | |
| male white | NGLE, MARRIED. IDOWED, DIVORCED (Specify) Single KIND OF BUSINESS OR | Aug. 10, 1886 11. BIRTHPLACE (State or fo | 64 | If Under 1 Year In Under 24 Hours Min. |
| station Attendant Resistance Benjamin Franklin Shoff | tail Oil | Kentucky 14. MOTHER'S MAIDEN NA Harriett Gertru | | WHAT COUNTRY |
| 15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, eo or unknowe) (If yes, give wer or dates of serv | ES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Harry Bidi | | ADDRESS Evesham Ave. |
| DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATISTICATION | g, e. g., (A) Care death.) DUE TO | inoma of | stornach | INTERVAL BETWEEN ONSET AND DEATH |

CERTIFICA UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 19.5 (that I last saw the 22. I hereby certify that I attended the deceased from 19 5/ and that death becurred at deceased alive or the causes and on the date stated above. 2/19/51 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) Meadowridge Cem. Howard Co., Md. DATE RECEIVED BY SIGNATURE 25. FUNERAL DIRECTOR

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 1. NAME OF DECEASED 2. DATE CATHERINE E. FITZGERALD OF Feb. 18, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 1109 Ellicott Drive 1109 Ellicott Drive Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours Min. female white Married Oct. 4, 1870 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Housewife At Home Virginia 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME Robert Bareford Catherine Durham 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unkoowo) (If yes, give wer or dates of service) SECURITY NO Mr. Edwin Fitzgerald - 1109 Ellicott Driv INTERVAL BETWEEN 18. CAUSE OF DEATH 20,0 ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING ō RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. CA YES NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILF AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 8, 10 1, that I last saw the deceased alive on 17, 195 1, and that death occurred at 12 15 mill from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 0/5 Tax 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATOR) 24D. LOCATION (City, town, or county) / TION, REMOVAL (Specify) Buria] Lorraine Cem. DATE RECEIVED BY

25. FUNERAL DIRECT

LOCAL REGISTRAR 9

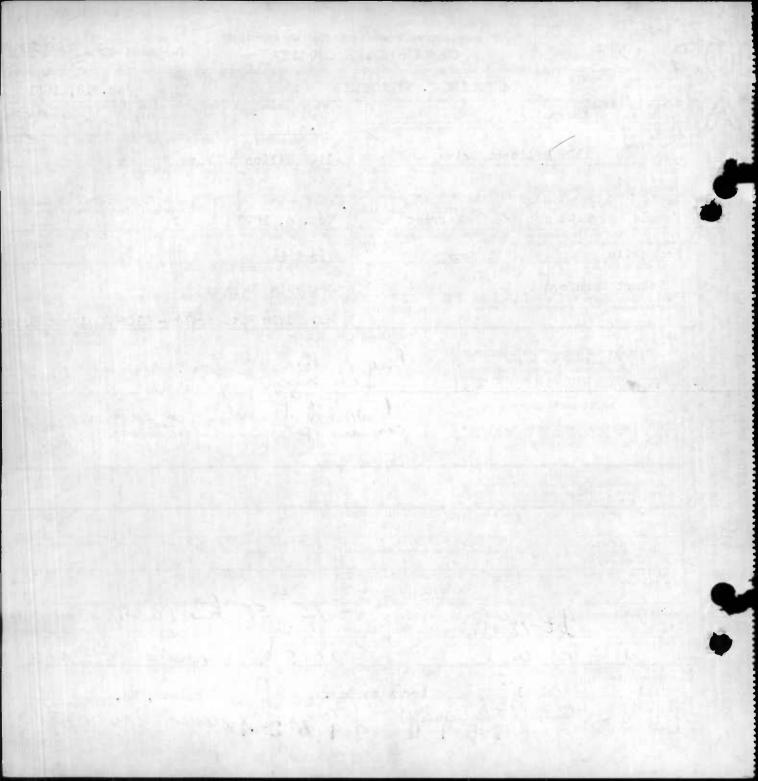
VS 150

REGISTRAR'S SIGNATURE

information

of

item



before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

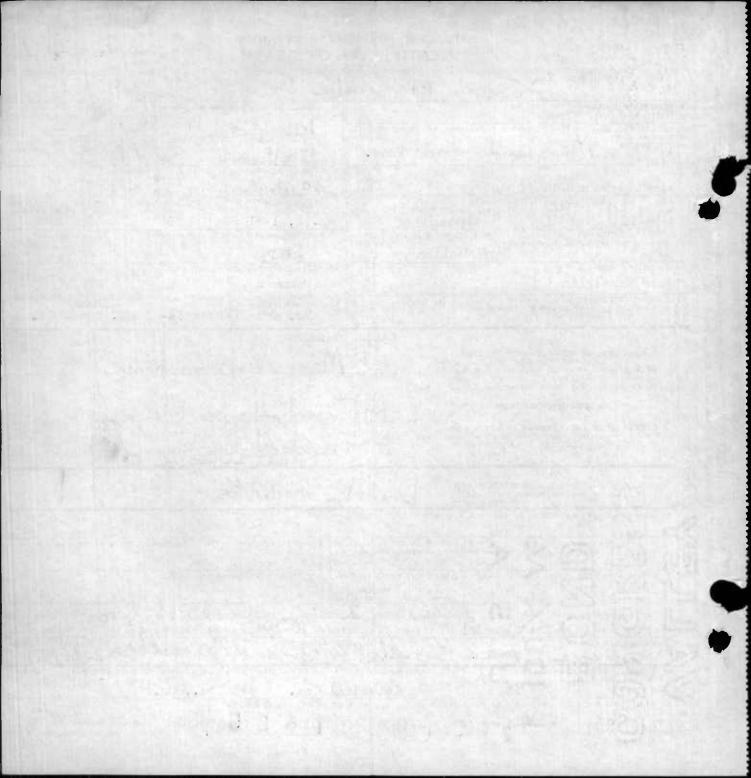
ONSET AND DEATH

20. AUTOPS

DATE SIGNED

ADDRESS

township!



PLEASE W

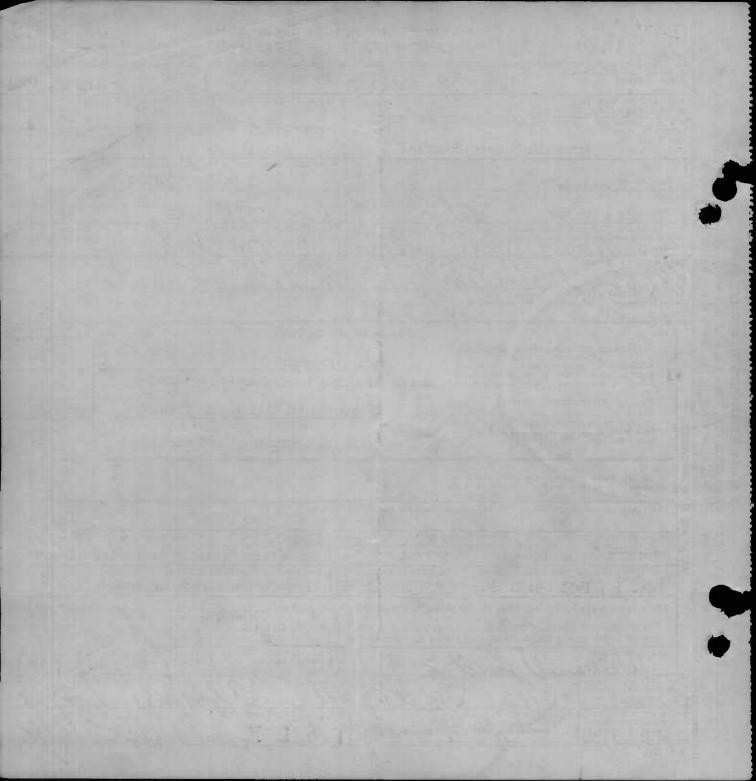
| - | 6 | 00 | | DAI | TIMORE CITY HE | EALTH DEPARTMEN | 17 | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------|---------------------------------------------------|-----------------------|------------------------|-------------|--------------------------------------|--|--|
| | II. | 152 | 3 | | CERTIFICAT | | Registere | d No. | 1628 | | |
| | | RTH NO. | | | | | | | | | |
| | | NAME OF D ype or Print) | | BAY | ER = ST | | 2. DATE OF DEATH | 2-19 | 7-51 | | |
| | | PLACE OF D Baltimore (| EATH: City, Maryland | | | 4. USUAL RESIDENCE | | | tion; residence before admission) | | |
| | В. | FULL NAME | | al or instituti | ion, give street address or location) | Md. | (If outside componed) | | Dill Mark | | |
| | IN | STITUTION / | utheran / | Voca. | of md | Baltimore | (If outside corporate) | imits write | township) | | |
| egibly | 1 | | 7 | | Yrs. Mos. | D. STREET ADDRESS | | | | | |
| leg | = | Length of s | tay in Baltimore | 7 CINCLE | Days | 8. DATE OF BIRTH | 9. AGE (In years | | ear If Under 24 Hours | | |
| | ٥. | M | W | WIDOW | e, MARRIED, 'ED, DIVORCED (Specify) Arried | July 6, 1878 | | | Pays Hours Min. | | |
| ar | | | CUPATION (Give kind of of working life, even if retired) | | OF BUSINESS OR | 11. BIRTHPLACE (State | or foreign country) | | TIZEN OF HAT COUNTRY? | | |
| clear | | Clerk (| Rtd) | Glass | (W) | Maryland | | | | | |
| death | 13 | Joseph I | | | | 14. MOTHER'S MAIDEN | | | | | |
| or a | 15 | . WAS DECEASE | D EVER IN U.S. ARMEI | | 16, SOCIAL | 17. INFORMANT | | ADDRES | SS | | |
| | (100 | , no or nekoowe) | (If yes, give war or date | s of service) | SECURITY NO. | Mrs. Pauline | Bayer - | 146 411 | lendale St. | | |
| causes | | 18. 56 | 14 and | 0027 | X CAUSE | OF DEATH | | IN. | TERVAL BETWEEN | | |
| the | | DISEA | SE OR CONDITION LEADING TO DEA | | | | | | 1 day | | |
| | | (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | | | | | | | | | |
| write | ANTECEDENT CAUSES | | | | | | | | | | |
| please | Z | 0105105 | | | (B) Leak | ase of Intest | inal Risect | tore | 3 days | | |
| | ATIC | RISE TO 1 | S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L | STATING TH | | | | | | | |
| Physicians: | FIC | | | | GANE | renous stre | nordated it | PUM | 3 days | | |
| SICI | RTIFIC | OTHER S | II SIGNIFICANT COND | ITIONS CON | ٧. | | 0 | | many | | |
| Fhy | CE | TRIBUTING | TO THE DEATH, BUT | NOT RELATE | - Yulmon | ary Tubercu | losis, it up | per tope | years | | |
| | 7 | | FOFERATION 3 | 9B. MAJOR | FINDINGS OF OPER | loop of sungy | enous, leun | v + 2 | O. AUTOPSY? | | |
| tan | EDICA | 21A. ACCIDE | NT. SUICIDE, | 218. PLA | CE OF INJURY (e. g., i | n or 21c. WHERE DID | (If in Baltimore Ci | | | | |
| Important. | MEL | HOMICIDE | (Specify) | aboot bome, f | arm, factory, street, office bldg., | | | | | | |
| N I | | 21D. TIME OF INJURY | (Month) (Day) (Year) | | 21E. INJURY OCCURR | | URY OCCUR? | | | | |
| la | | | | m. | WORK AT WORK | | 2 - 19 | -61. | | | |
| 22. I hereby certify that I attended the deceased from 2-15-1961, to 2-19, deceased alive on 2-19, 1951, and that death occurred at 6 30 a.m., from the causes and | | | | | | | | | I last saw the | | |
| 18 E | | 23A. SIGNA | | , 10-1, | | 23B. ADDRESS | n the causes and o | | DATE SIGNED | | |
| age | 2 | | man) | . Di | M. D. | Lutheron 1 | of he | 1 2 | //9/5/ nty) (State) | | |
| | TIC | N. REMOVAL | CREMA- 24B. DATE Specify) | , | 1 | | A Part - 1 | | (istate) | | |
| correct | | Burial TE RECEIVE | | S SIGNATU | Western Cer | 25 FONERAL DIRECTO | Belto. | ADDE | RESS A | | |
| 00 | LC | CCD 1 | 1951 : T. | JES NO | libushe ! | 1/m. 4.V | rdener | Dur | - Rall | | |
| | | VS 150 | | | * * * * * * * * * * * * * * * * * * * * | 1026 | | 0 | ma | | |
| | | | | -2 1 | 370 | - | / | 312 | | | |

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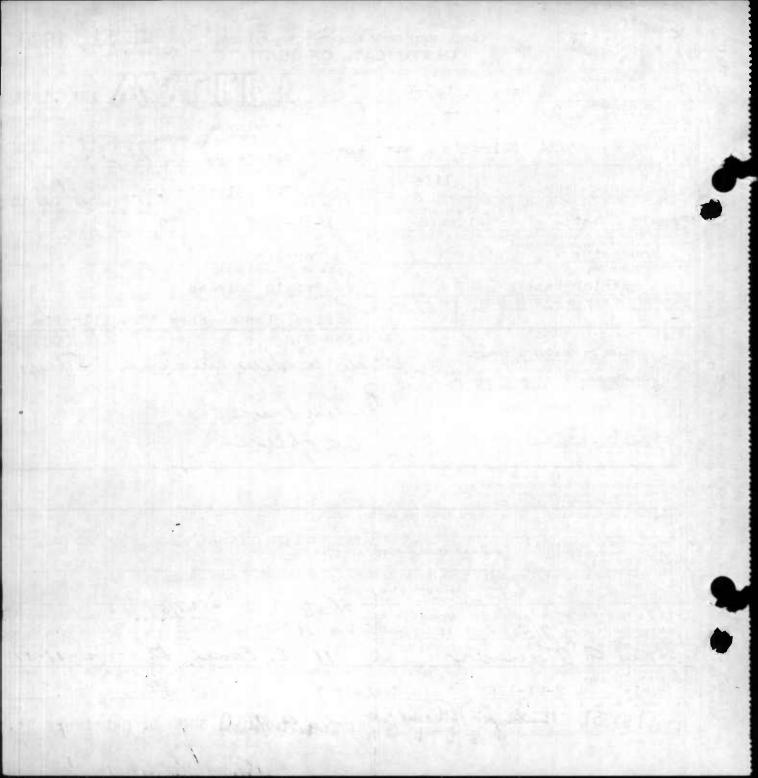
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MARGIN



| | 1630 1 1630 | | EALTH DEPARTMENT E OF DEATH | r Registered | 51 1630 | | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|--------------------------------------------------------|--|--|
| 1 C | NAME OF DECEASED Type or Print) Me | ry A. Barry | | 2. DATE. OF DEATH TOD | . 17th.1951 | | |
| A | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit | Baltimore tal or institution, give street address or | 4. USUAL RESIDENCE A. STATE Marylane | (Where deceased lived, I B. COUNTY | f institution: residence before admission | | |
| H | OSPITAL OR | Ellrslie Ave. | | If outside corporate lim | its, writeRURAL and giv township | | |
| C | Length of stay in Baltimore | life Yrs. Mos. Days | D. STREET ADDRESS (1 | rural, give location | llers lie | | |
| | emale White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W1dowed | 8. DATE OF BIRTH | 9. AGE (In years) | If Under 1 Year If Under 24 Hours Onths Days Hours Min | | |
| 14 | OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Housewife | 1 108 KIND OF BUSINESS OR | 11. BIRTHPLACE (State or | | 12. CITIZEN OF WHAT COUNTRY | | |
| 1: | Patrick Kane | | 14. MOTHER'S MAIDEN Brigid Cole | | | | |
| 1 (Y | 5. WAS DECEASED EVER IN U. S. ARME (If yes, give war or date | D FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Miss Florus | | ADDRESS | | |
| TIFICATION | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Ulcult laudice huldeler (B) DUE TO OPPPLICY (C) | | | | | | |
| CERTI | OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION | NOT RELATED | | | | | |
| CAL | 0 | 98. MAJOR FINDINGS OF OPER | | | 20. AUTOPSY? | | |
| MEDICA | 21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., | etc.) INJURY OCCUR? | (If in Baltimore City, | give exact location) | | |
| | 21D. TIME (Month) (Day) (Year OF INJURY | (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK | | RY OCCUR? | | | |
| | 22. I hereby certify that I att deceased alive on 2/17/5 | tended the deceased from | 7/13/5/19 to rred at 10 PMm., from | the causes and on | _, that I last saw th | | |
| | Fru G. Flu | ude M.D. | 11 E. Che | ne St. | 23c. DATE SIGNED | | |
| 11 | 4. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify) Burial 2-21- | 1951 New Cathe | | LOCATION (City, town | Md. (State) | | |
| DL | ATE RECEIVED BY REGISTRAR | s signature | 25. FUNERAL DIRECTOR | | altimore St. | | |
| | VS 150 | 1 1 1 | | | 020 | | |

83a



| 1635 | |
|-----------|-----------------------------|
| 1. 1631 | |
| BIRTH NO. | |
| | 635 1. 1631 BIRTH NO. |

BALTIMORE CITY HEALTH DEPARTMENT

1631

| BIR | ATH NO. | | | CERTIFICAT | E OF DEATH | Kegistered | I NO |
|---------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------|------------------------------------------------|--------------------------------------|------------------------------------------------|
| 1. N (Ty) | NAME OF Dipe or Print) | | ohn A. | Lorden | | 2. DATE OF DEATH 2/ | 17/51 |
| 3. F | PLACE OF DI Baltimore C | EATH: ity, Maryland | | | 4. USUAL RESIDENCE | (Where deceased lived. B. COUNTY | If institution: residence before admission) |
| B. F | SPITAL OR | OF (If not in hospital | al or instituti | on give street address or (Seation) | Md. c. CITY OR TOWN Baltimore | (If outside corporate for | its wrodity RAL and give township) |
| c. I | Length of st | ay in Baltimore | Life | Yrs. Mos. Days | 608 E. Bid | (If rural, give location) dle street | |
| 5. S | M | 6. COLGR OR RACE | 7. SINGLE | , MARRIED, ED, DIVORCED (Specify) | 8. DATE OF BIRTH Feb 23 1888 | 9. AGE (In years 62 birthday) | Months Days Hours Min. |
| 10A work d | Clerk | CUPATION (Give kind of f working life, even if retired) | | of BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State of Baltimore | or foreign country) | USA COUNTRY |
| 13. | Danie. | A. Lorder | | | 14. MOTHER'S MAIDEN NAME Susan Agnes Considine | | |
| 15. (Yes, | WAS DECEASE no of unknown) NO | D EVER IN U. S. ARMED (If yes, give war or date) | FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Sue A. Lord | an 608 E. | Biddle st. |
| RTIFICATION | DISEASES RISE TO T UNDERLY | complication which control of the co | EES F ANY, GIVIN STATING TH ST. | (B) G E DUE TO | | -/ | |
| 8 | TRIBUTING | TO THE DEATH, BUT | NOT RELATE | D | RATION | | 20. AUTOPSY? |
| A | | NT. SUICIDE, | | 1 | | (If in Duking Cia | yes No |
| | HOMICIDE | (Specify) | about home, fa | CE OF INJURY (e. g., i | etc.) INJURY OCCUR? | (II III Baltimore Ony | , give exact location) |
| | 21D. TIME (OF INJURY | Month) (Day) (Year) | | TIE. INJURY OCCURR | TE AT | URY OCCUR? | / |
| | | y certify that att | | and that death occu- | wed at 238, ADDRESS | in pass and on | that I last saw the the date stated above |
| 24/ TIQI | A. BURIAL. | REMA- 24B D TE | | M. D. C. 4C. NAME OF CEMETE | | | / // |
| DA | TE RECEIVE | 2/21/5 | } | New Cathed | 25. FUMERAL PIREOTO | Baltimore Ma | ADURESS |
| | VS 150 | | | 39052 | ir W. Met | Payal die | 940 |

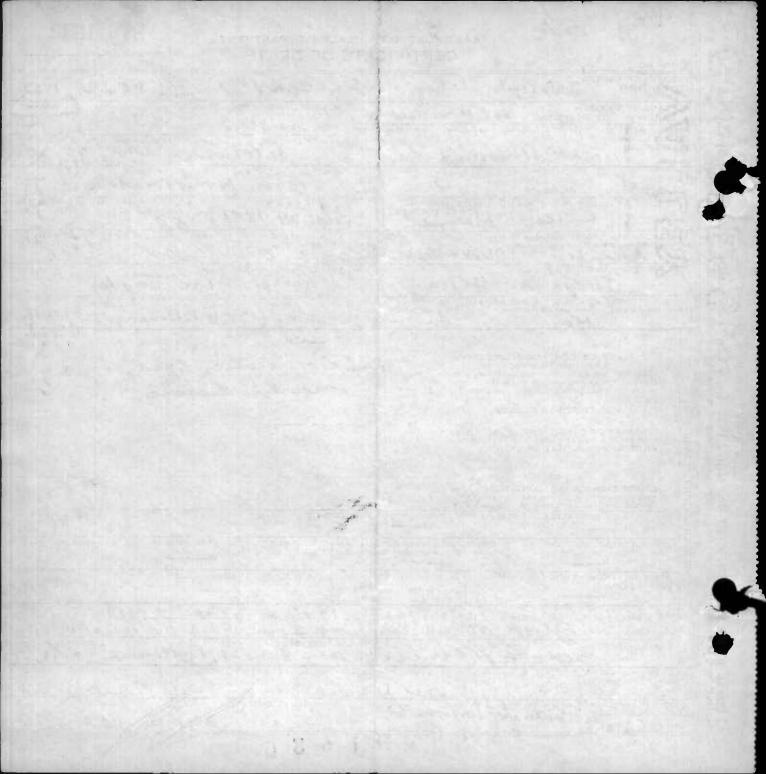
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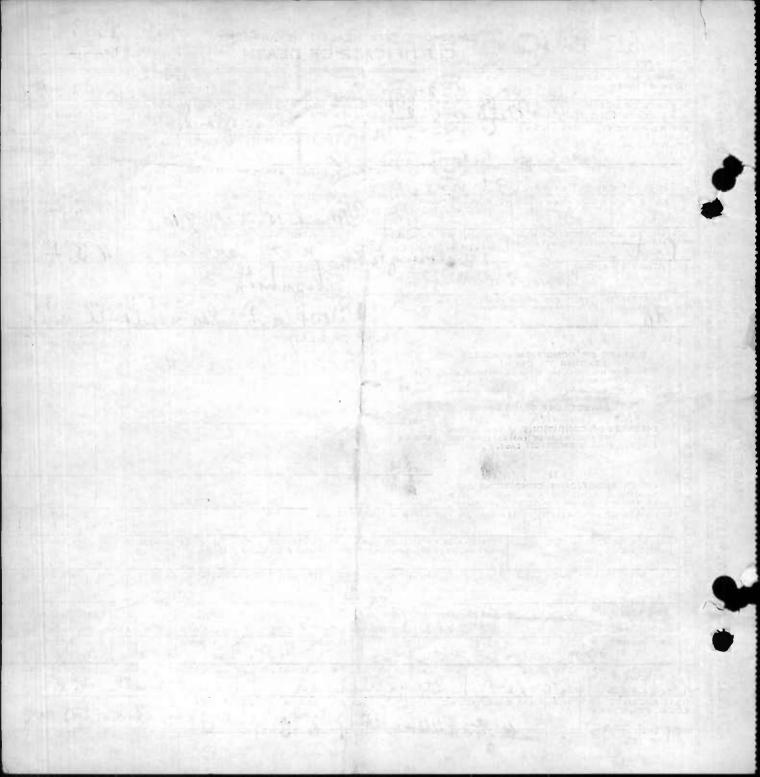
BALTIMORE CITY HEALTH DEPARTMENT

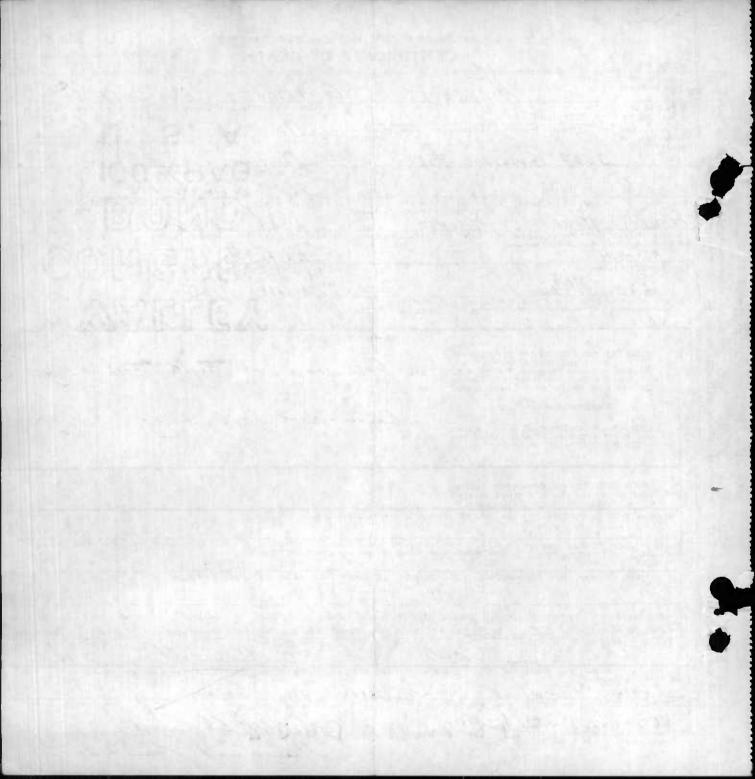
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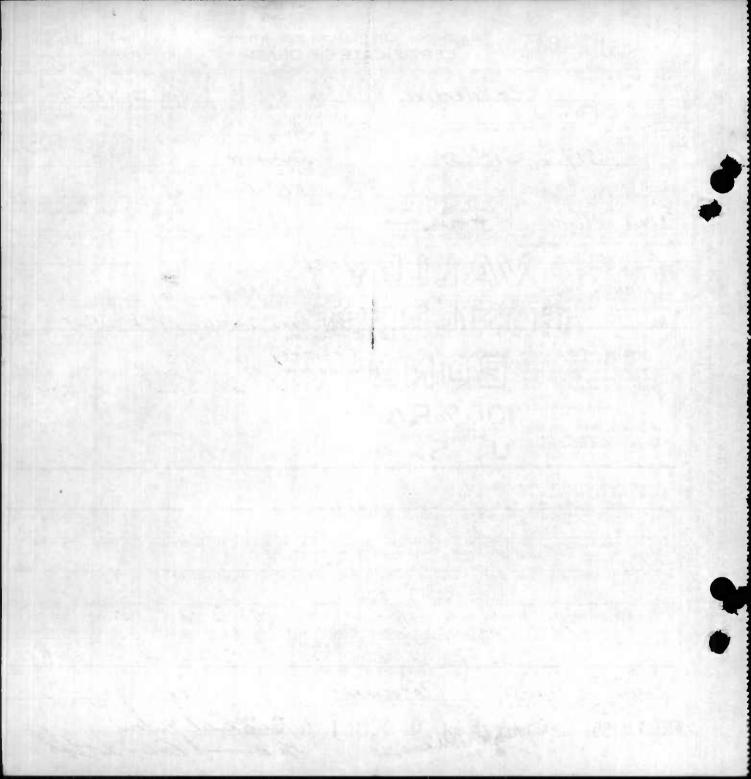
| he | В | IRTH NO. | | CER | TIFICATE | OF DEATH | negistered 1 | 10, |
|--------------------------------|-----------|-----------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------|----------------------------------------|----------------------------------------------|
| d. T | 1. | NAME OF DE | Joseph Joseph | h LeRoy | , ME | CLEARY | 2. DATE OF DEATH | B. 19, 1951 |
| supplied | 3. A. | PLACE OF DE Baltimore C | ity, Maryland | 608 Homes | | A. STATE | (Where deceased lived, If B. COUNTY | institution : residence before admission) |
| ılly su | H | FULL NAME (OSPITAL OR ISTITUTION | | al or institution, give | location) | c, CITY OR TOWN | (If outside corporate limit | s, write RURAL and give township) |
| bly | - | 9 | 7000 | | Yrs. | D. STREET ADDRESS | (If rural, give location) | -1 |
| le se | J | | ay in Baltimore | 3 | Monu Days | 1608 | Homestead | St. |
| nla v | | Male | 6. COLOR OR RACE | 7. SINGLE, MARR WIDOWED, DIV | ORCED (Specify) | 8. DATE OF BIRTH Sept. 29, 184 | 9. AGE (In years last birthday) | |
| on shoul | worl | done during most of | | Black + De | INDUSTRY | c. Balto-Ci | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| information s of death cl | 13 | FATHER'S N | Toseph A. | McClean | y (N) | 14. MOTHER'S MAIDEN | Alice Tay | lor |
| of info | 15 (Ye | . WAS DECEASE | D EVER IN U. S. ARMED (If yes, give war or dates | of service) SE | CURITY NO. | 17. INFORMANT Sister (Mrs | s. W.F. Bauer | DDRESS |
| Every item of write the causes | | (This does heart failus | E OR CONDITION LEADING TO DEA- not mean the mode of e, asthenia, etc. It mea complication which of | TH f dying, e.g., ns the disease, | | of DEATH Triosclerot Vascular | ic Cardio | INTERVAL BETWEEN ONSET AND DEATH |
| ink. | ICATION | DISEASES | ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA | F ANY, GIVING STATING THE DU | В) | | | |
| UNFADING Physicians: | CERTIF | TRIBUTING | II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION | NOT RELATED | (C) | | | |
| н. | AL | | | 9B. MAJOR FINDIN | NGS OF OPER | ATION | | 20. AUTOPSY? |
| Y, WITI | TEDIC | 21A. ACCIDE HOMICIDE | NT, SUICIDE. (Specify) | 21B. PLACE OF about home, farm, factor | INJURY (e. g., in y,street,office bldg.,e | or 21c. WHERE DID INJURY OCCUR? | (If in Baltimore City, | give exact location) |
| in in | ~ | 21D. TIME () OF INJURY | Month) (Day) (Year) | (Hour) 21E. INJ m. WHILE AT | NOT WHILE | 21F. HOW DID INJ | URY OCCUR? | |
| E P | | 22. I hereby | certify that I att | ended the decease | ed from | 1947, 19 , to | F-6. 19, 195 | |
| ES | | 23A. SIGNAT | | Merri | | 38. ADDRESS 100 E.Chase S | | 23c. DATE SIGNED 2/19/51 |
| E aga | | 4A. BURIAL, CON, REMOVAL (ŞI | pecify 7 7.7 | 195/ Jes | | ethodist | Sachs, Ba | or county) (State) |
| PLEAS correct | L | ATE RECEIVED | BY REGISTRAR | SISTEMATION OF THE STATE OF THE | h., A | 25. FUNERAL DIRECT | Branks. 1 | half Mid. |
| | == | VS 150 | 31 0 | 3 5 6 | 160 1 | 6 " 6 | - and of | 0.5 |



| 8 | H-63 51. IRTH NO. | 1633 | ВА | CERTIFICAT | | | 51. Registered | 1633 No | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------|--------------------|-------------------------|-------------------|-------------------------------------------------|---------------------|
| 3 | NAME OF D | OSC DEATH: | a Ati | Harringt | 0 M | | | | |
| BH | FULL NAME OSPITAL OR NSTITUTION | | pital or institu | otion, give street address o location | | (If outside | de corporate lim | its, write RURAI | dmission |
| | Length of s | stay in Baltimore | 35 E 7. SINGE | Yrs. Mos. Days | 8. DATE OF BIRTH | 2 4 | A | Waud A If Under I Year If Un Ionths: Days Hou | CUL nder 24 Hour |
| 10 Wol | MAL OCAL OCAL OCAL OCAL OCAL OCAL OCAL OC | COUPATION (Give kind of working life, even if retire | of JOB. KIN | WED, DIVORCED (Specify | March 15- | State or foreign | 6 | 12. CITIZEN | |
| | 3. FATHER'S | NAME STUDELL ED EVER IN U. S. ARM | Navy | ingloy | Clique | NAME ? | wy | 14.517 | 1 |
| (Y | M, no or unknown) | (If yes, give war or d | ates of service) | SECURITY NO. | Donia. | Dualas | Hard | old Con | M. |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CHURCHER (A) DUE TO | | | | | | | | |
| RTIFICATION | RISE TO | ANTECEDENT CA S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION | . IF ANY, GIV A) STATING | (B) | | | | | ************ |
| CERTIF | TRIBUTIN | II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITI | JT NOT RELA | TED | | , | | | |
| 1 | | OF OPERATION | | R FINDINGS OF OPE | RATION | | | 20. AUT | OPSY? |
| MEDICA | HOMICIDE | ENT. SUICIDE, (Specify) | ebout home | ACE OF INJURY (e. g., o, ferm, factory, street, office bldg. | ,etc.) INJURY OCCU | R? | | give exact locat | ion) |
| | OF INJURY | (Month) (Day) (Yes | ar) (Hour) m. | WHILE AT NOT WHILE WORK AT WORK | | NJURY OCC | CUR? | | |
| | 22. I hereb deceased a 23A. SIGNA | | ittended th | e deceased from La, and that death occu | и 29, , 195 | t, to John, from the ca | | the date state | d abov |
| 1 | AA. BURIAL, ON, REMOVAL (S ATE RECEIVE OCAL REGIST | D BY REGISTRA | R'S SIGNAT | Jayelles | CHYPOR CREMATORY | Farje | ION (City, tow | ADDRESS | |
| = | FEB 159 | 1951 1 | the offer | William K. | Lando. M | Clary 10 | 70 Bi | 430 | me |







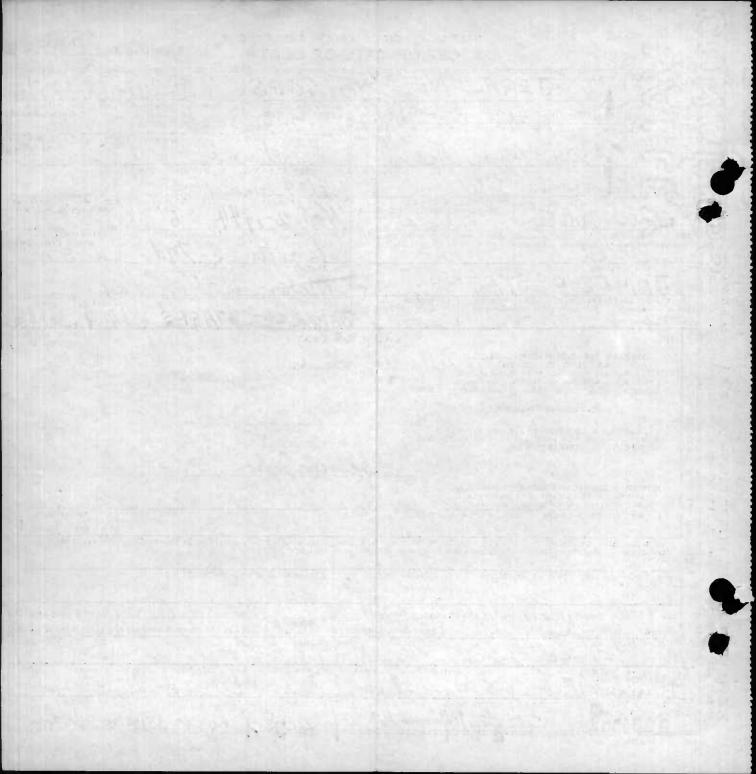
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 1636
Registered No.

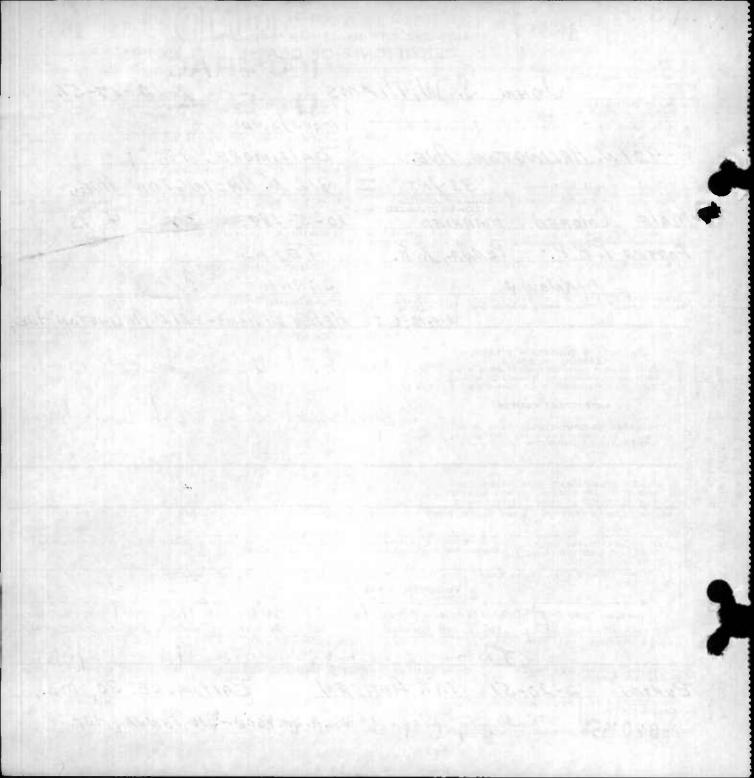
| BIRTH NO. CERTIFICATE OF DEATH REGISTERED NO. | | | | | | | | | | |
|-----------------------------------------------|-------------|--------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|-------------------------------------|--------------------------------|--|--|
| | 1. | NAME OF DECEASED | RALDINE | =-1/ | STAGGS | 2. DA | TE TO | 10 1051 | | |
| | 3. | PLACE OF DEATH: | 10/1 | 7 | 4. USUAL RESIDE | NCE (Where dee | eased lived. If in | | | |
| | в. | Baltimore City, Maryland 4 | or institution, give s | reet address or | A. STATE Man | gland" | COUNTY | before admission) | | |
| | | STITUTION #104-A | man. De | location) | C. CITY OR TOWN | 0 | orporate limits, | write RURAL and give township) | | |
| 013 | 0 | 7 10 1 77 | D.D | Yrs. | D. STREET ADDRES | | ve location) | • | | |
| I S | | Length of stay in Baltimore | Life. | Mos. Days | 4104 An | now Awa | 2 ' | | | |
| | 5 | emale White. | 7. SINGLE, MARRI WIDOWED, DIVO | RCED (Specify) | Nov. 2-1 | 944 9. AG | E (in years H U birthday) Mont | ths Days Hours Min. | | |
| arıy | 10. work | A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) | 108. KIND OF BUS | INESS OR INDUSTRY | 11. BIRTHPLACE IS | ate or foreign co | untry) 1 | 2. CITIZEN OF WHAT COUNTRY | | |
| cre | 1 | Child. | none | | 13 alter | none - / | nd. | W.S. A. | | |
| learn | 1.5 | JAMES-0- 5 | TAGGS | | Mana a | ret Ho | llidas | 4. | | |
| 10 | | . WAS DECEASED EVER IN U. S. ARMED no or unknown) (If yes, give war or dates | of service) SE | CURITY NO. | 17. INFORMANT | 25001 | 2 19 | DRESS | | |
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| car | | DISEASE OR CONDITION | | CAUSE | OF DEATH | | | ONSET AND DEATH | | |
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| rite | | heart failure, asthenia, etc. It mean injury or complication which co | ns the disease, auscd death.) | Е ТО | A management of | | | | | |
| se w | _ | ANTECEDENT CAUS | ES | | | Audis | | | | |
| please | NOL | DISEASES OR CONDITIONS, IF | ************************** | | | | | | | |
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| clar | H | II | | c, prental | refer datos | ٠, ح | | | | |
| Physicians: | CER | OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION | NOT RELATED | *************************************** | | | | , | | |
| | 1. | | B. MAJOR FINDIN | GS OF OPER | ATION | | | 20. AUTOPSY? | | |
| ant | EDICAL | 21A. ACCIDENT, SUICIDE, | 218. PLACE OF I | NJURY (e.g., i | n or 21c, WHERE DI | D (If in Ba | ltimore City, gi | ve exact location) | | |
| important. | ED | HOMICIDE (Specify) | about home, farm, factor; | y, street, office bldg., | INJURY OCCUP | 27 | | | | |
| III | Σ | 21D. TIME (Month) (Day) (Year) OF INJURY | (Hour) 21E. INJ | URY OCCURR | ED 21F. HOW DID | INJURY OCCL | R? | 77.72 | | |
| an | | OF INJUNI | m. WHILE AT WORK | NOT WHILE | | | | | | |
| beci | | 22. I hereby certify that I att | ended the decease | ed from 7. | b. 012, 1947 | | 19, 1951, | that I last saw the | | |
| es] | | deceased alive on fix. If | , 195/ and tha | | red at 9:30 A m., | from the caus | ses and on the | e date stated above | | |
| ر د | | Monday | Jehreis | ED M. D. | Syf. Fu | etas o | an | 2.19 \51 | | |
| ct age | 2.4 TIS | AA. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify) | 1-51. Had | Short of | RY OR CREMATORY | PILLA CATIO | H City town, o | - md (State) | | |
| correct | | ATE RECEIVED BY REGISTRAN | SSIGNATURE | MA KE | 25. FUNERAL DIRE | Sol ! | -2510 E | ADDRESS | | |
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| 1633 | BALTIMORE | CITY | HEALTH | DEPARTMENT |
|------|-----------|------|--------|------------|
| | CERTI | FICA | TE OF | DEATH |

1638 Registered No.

| В | IRTH NO. | | | OLIVIII IOAI | E OF BEATTI | | | |
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| (1 | ype or Print) | UOH. | N J. | WILLIAM | 115 | DEATH 2 - | 17-5% | |
| | PLACE OF DI | | | | 4. USUAL RESIDENCE | E (Where deceased lived, I | f institution : residence | |
| | | ity, Maryland | | | A. STATE / B. COUNTY before admission) | | | |
| | FULL NAME | OF (If not in hospit | al or instituti | on, give street address o | C. CITY OR TOWN | (XA 4 11 | | |
| | STITUTION | 1 00000 | | 1. | C. CITTOR TOWN | - 100 1 | its, write RURAL and give | |
| - | 9211 | V. HRLING | TON | MVE. | DAITIMO | 9E, 17. | 6-01 | |
| 10 | Ü | | | Yrs. | D. STREET ADDRESS | (If rural, give location) | 1. | |
| c. | Length of st | tay in Baltimore | 3. | 3 YRS. Ders | 1912 N. HI | PLINGTON | HUE. | |
| 5. | SEX | 6. COLOR DR RACE | 7. SINGLE | MARRIED. | 8. DATE OF BIRTH | 9. AGE (In years | If Under 1 Year If Under 24 Hours | |
| 10 | 10/F | Colorin | | ED, DIVORCED (Specify | 10-5-1893 | last birthday) M | onths Days Hours Min. | |
| 10 | A. USUAL OC | CUPATION (Give kind of | 1 10B. KIND | OF BUSINESS OR | 11. BIRTHPLACE (State | e or foreign country | 1 12 CITIZEN OF | |
| WOT | done during most o | f won inglife, own if retired) | D | D HNDUSTR | Y | , | WHAT COUNTRY? | |
| C | ORTER | 1. 1. 1. | ILENNE | 9. 1. K. | IEXAS | | The state of the s | |
| 13 | FATHER'S N | IAME | | | 14. MOTHER'S MAIDE | N NAME | | |
| | | UNKNOWA | 1 | | JARAH | | | |
| 15 | . WAS DECEASE | D EVER IN U. S. ARMEI | D FORCES? | 16. SOCIAL | 17. INFORMANT | , | ADDRESS | |
| 110 | a, no or one nowo, | (11 yes, give war or date | a or service) | SECURITY NO. | Helen 10/1/1. | MS-921N. AR | LINETAN ALL | |
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| | injury or | re, asthenia, etc. It mes complication which o | aused death | DUE TO | | | | |
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| 7 | | ANTECEDENT CAUS | 5.5 | 100 Haves | Henry Car | dis 1505 calor D. | in knows | |
| NO NO | | OR CONDITIONS, I | | | V | . S | 76116 | |
| ATI | UNDERLY | HE ABOVE CAUSE (A) | STATING TH | E DUE TO | | | | |
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| N N | | TO THE DEATH, BUT | | | | | | |
| | 19A. DATE O | F OPERATION 1 | 9B. MAJOR | FINDINGS OF OPE | RATION | | 20. AUTOPSY? | |
| CAL | | 0 | | | | | YES NO | |
| l o | 21A. ACCID | ENT WAS UNDER- | 218. PLA | CE OF INJURY (e. g., | io or 21c. WHERE DID | (If in Baltimore City, | | |
| EDI | LYING OF | CONTRIBUTING | about home, f | arm, factory, street, office bldg. | ,etc.) INJURY OCCUR? | | | |
| IΞ | CAUSE OF I | | 1 | | | | | |
| | OF INJURY | Month) (Day) (Year) | | 21E. INJURY OCCURE | | JURY OCCURY | | |
| | | | m. | WORK NOT WHILE | | | | |
| | 22. I horoh | y certify that I att | tandad the | descaped from D | ec. 2. 1951/to | o feb. 17, 195 | 7, that I last saw the | |
| | deceased al | | 10c-1 | and that death one | | om the causes and on t | the data stated above | |
| | 23A. SIGNAT | | , 105 | | 23B. ADDRESS | om the causes and on t | 23c. PATE SIGNED | |
| | ESA. DICITAL | / | Alten | | 1202 N. Caro | 1.00.51 | 3/19/0 | |
| 2 | 4A. BURIAL, C | REMA- 24B. DATE | 7 | 24C. NAME OF CEMET | | 4D. LOCATION (City, town | n, or eounty) (State) | |
| TI | ON, REMOVAL (S | pecify) | | 00 - 0 | 7 | 2.1- | 24 4- | |
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| | ATE RECEIVED | | S SIGNATU | RE . | 25. FUNERAL DIRECT | OR | ADDRESS | |
| | CCD 001 | at 9 Thomas | to ton | Nothingue M. P. | WM. A. JACKSON | 1-316 PENNA. | HUE. | |
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| | VS 150 | | | 1. 7000 | 0 | | 920 | |



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED -2. DATE (Type or Print) DEATH 2 -3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF MAR (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION EORGE Yrs. D. STREET ADDRESS (If rural, give location) Mes. c. Length of stay in Baltimore 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. LOIORED 2 SMA/5 WIDOWED 10A. USUAL OCCUPATION (Give kied of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? OMESTIC 13. FATHER'S NAME ARRINGTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or uokoown) SECURITY NO. CAUSE OF DEATH 18. 443X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. ū 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., lo or 21c. WHERE DID 21A. ACCIDENT WAS UNDER MEDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from June 1950 to Teles , 195 /, that I last saw the . 187 .. and that death occurred at 10: 50 a.m., from the causes and on the date stated above. deceased alive on tel 16 23A. SIGNATURE 23B. ADDRESS 23c. DATE/SIGNED

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2-20-5% BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE

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24A. SURIAL, CREMA- 24B. DATE

24C, NAME DE CEMETERY DR CREMATORY

24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

VS 150

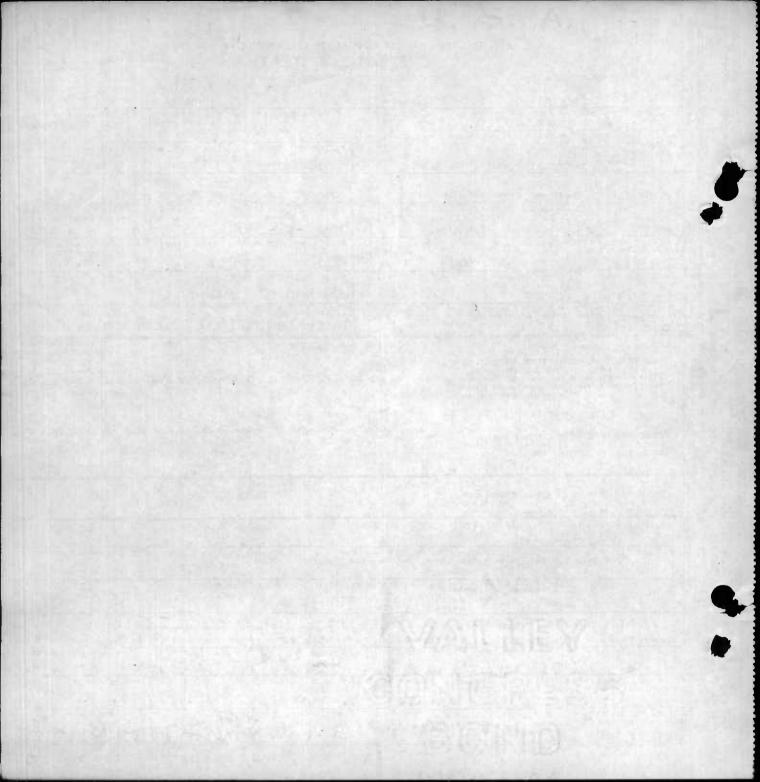
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PLEASE WRY

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 369

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| | | Susan | | Lewis | | DEATH eb. I | |
| | ce of Di | eath: Sity, Maryland | Balto. | City | 4. USUAL RESIDI | ENCE (Where deceased lived, I | f institution: residence before admission) |
| B. FUL | L NAME | OF (If not in hosp | oital or institut | ion, give street address or | | | Scrote admission) |
| HOSPI | TAL OR | | | location) | C. CITY OR TOWN | | its, write RURAL and give |
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| HV. | | 002 Edmon | ason A | | Baltimore | The state of the s | , 0 1 |
| | | | | Yrs. Mos. | D. STREET ADDRE | ESS (If rural, give location) | |
| | | tay in Baltimore | 26 Yr | Days Days | 1002 Edmo | ndson Avenue | |
| 5. SEX | | 6. COLOR OR RAC | E 7. SINGL | E, MARRIED. | 8. DATE OF BIRTH | | If Under 1 Year If Under 24 Hours |
| Fom | ale | Col | Wido | VED, DIVORCED (Specify) | March-I8-I | 860 90 M | onths Days Hours Min. |
| | | COL. | | OF BUSINESS OR | | State or foreign country) | 1 (0 0) |
| ork done | during most o | f working life, even if retire | d) | INDUSTRY | | | 12. CITIZEN OF WHAT COUNTRY? |
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| 13. FA | THER'S N | AME | | | 14. MOTHER'S MA | | |
| | nn Fn | ank Payne | | | Catherine | Bowles | |
| 15. WA | S DECEASE | D EVER IN U. S. ARM | ED FORCES | Lie socia: | | DOMTER | |
| Y 05, no 0 | r unknown) | (If yes, give war or do | ites of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| No | | | | | Susie Lewi | s 1002 Edmonds | on Ave |
| 18. | 331 | V | | CALISE | OF DEATH | | INTERVAL BETWEEN |
| _ | DISEASES | ANTECEDENT CAU OR CONDITIONS. HE ABOVE CAUSE (A ING CONDITION | IF ANY, GIVIN | (C) | tema + | antros desonos | Lengtman |
|) | RIBUTING | II GNIFICANT CONI TO THE DEATH, BU SEASE OR CONDITION F OPERATION | NOT RELATE | D | ATION | | |
| 1 ,2, | DAILO | DERATION | ISB. MAJOR | FINDINGS OF OPEN | ATION | | 20. AUTOPSY? |
| <u>. </u> | 100101 | CALT 14/4 C LIAID CO | 1 01- 51 | | 1 -4 | | YES NO |
| LY | | ENT WAS UNDER- CONTRIBUTING DEATH | about bome, | ACE OF INJURY (e. g., in farm, factory, street, office bldg., e | n or 21c. WHERE D | | give exact location) |
| 210 | | Month) (Day) (Yea | r) (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID | INJURY OCCUR? | |
| OF | INJURY | | 100000 | WHILE AT NOT WHILE | | | |
| | | | m. | WORK AT WORK | | | |
| 22. | I hereby | y certify that I a | ttended the | deceased from 2 | 15 1951 | 1, to 2 -16-, 195 | 1. that I last saw the |
| dec | eased al | ive on 2-16 | - 19 5/ | and that death occur | red at 10:16 Pm | , from the causes and on t | the date stated above |
| | . SIGNAT | | , 20 , | | 3B. ADDRESS |) I one one canoos and on t | 23c. DATE SIGNED |
| | 1 | and A. | 10 | | 1629 n. | 5 - 2 . | 2-20-51 |
| 2/10 1 | URIAL, C | | | M.D. | | 24D. LOCATION (City, town | |
| ION, R | EMOVAL (S) | pecify) | 3-1-3-1-1 | | | | |
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| - | B 201 | 351 | | 2 | ways. | To all the same | O IDONOS A |
| V | S 150 | | | | 0 | | V Branky |
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INSTRUCTIONS FOR MEDICAL CERTIFICATION

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WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

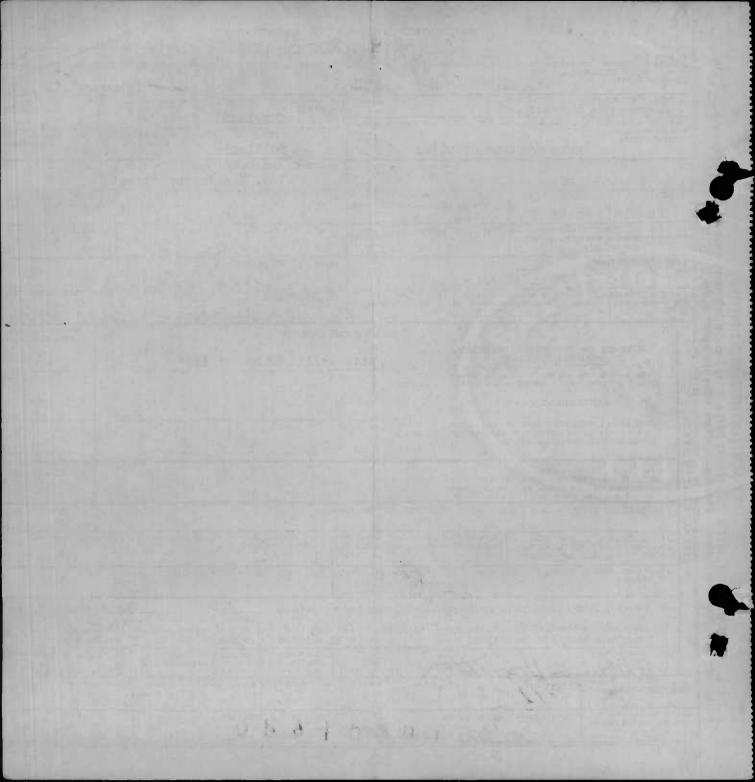


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MILLIAM OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (township) Yrs. D. STREET ADDRESS (If rural, give location) Mos GUILFORD c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. should OCT 20 clearly 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? NONE information REINIA death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING TUCKER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? of 16. SOCIAL (Yes, no or unknown) SECURITY NO causes of item 18. CAUSE OF DEATH 26 X FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH PNEUMONIA Every write th (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES BRONCHIECTASIS INK. CHRONIE CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO ADING UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN (C) .. ERTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL important. YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from FEB 1951, to FEB 19, 1951, that I last saw the deceased alive on FEB 19 1951, and that death occurred at 12:20 an., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED islesed 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1643

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GEORGE HENRY HOPKINS OF Feb. 19, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township) Wyman Pk. Drive & 31st St. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 127 N. Potomac Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 11/9/78 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle Seaman Delaware Seafarer USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Hopkins Margaret Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Records - US Marine Hospital, Balto, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Adenocarcinoma of prostate, primary, Unknown (This does not mean the mode of dying, e.g., (A) ... heart failure, asthenia, etc. It means the disease, inoperable, with metastases to injury or complication which caused death.) DUE TO pelvic bones. ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH important. YES 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or | (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK Feb. 12 19 51 to Feb. 19 . 19 5] that I last saw the 22. I hereby certify that I attended the deceased from___ deceased alive on 51. and that death occurred at 7:10A m., from the causes and on the date stated above. US Marine Hospital, Balto, Md. 23A. SIGNATURE John L. Wils 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) 2/22/51 Baltimore. Maryland Oak Lawn Cemetery burial DATE RECEIVED BY REGISTRAR'S SIGNATUR 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1217 St. Paul Street

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MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1544 Registered No.

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| The | BIRTH NO. | | CERTIFICAT | E OF DEATH | Registered | No. | |
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| H | 1. NAME OF | | | | 2. DATE | | |
| d. | (Type or Print) | | Catherine Kirby | | | -18-51 | |
| supplied. | | City, Maryland | Balto. | 4. USUAL RESIDENCE A. STATE | | f institution : residence before admission) | |
| ns | B. FULL NAME HOSPITAL OR | OF (If not in hospit | al or institution, give street address or location) | | (If outside components limit | to main Dittar | |
| dily. | INSTITUTION | 504 N. C | Collington Avenue | C. CITY OR TOWN (If outside corporate limits, write RURAL and give bownship) | | | |
| lol | | | Yrs. Mos. | D. STREET ADDRESS (| | | |
| | c. Length of | stay in Baltimore | Life Days | | ington Avenue | | |
| d d | F | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 7-28-76 | 9. AGE (in years last birthday) M | If Under 1 Year II Under 24 Hours on the Days Hours: Min. | |
| information should s of death clearly | 10A. USUAL O work done during mos | CCUPATION (Give kind of tof working life, even if retired) Housewife | | 11. BIRTHPLACE (State of | r foreign country) | 12. CITIZEN OF WHAT COUNTRY? | |
| tio ch | 13. FATHER'S | | | 14. MOTHER'S MAIDEN | | | |
| deat | | Wm. Sporveir | | Catherine | | | |
| jo | 15. WAS DECEA | SED EVER IN U. S. ARMEI | FORCES? 16. SOCIAL s of service) SECURITY NO. | 17. INFORMANT | | ADDRESS | |
| em of in | | | | Catherine Kaptai | in 504 N. Ce | ilington Avenu | |
| Every it write the | (This do heart fai in jury o | ASE OR CONDITION LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA | DIRECTLY I'd dying, e.g., ns the disease, aused death.) DUE TO TES (B) STATING THE DUE TO | nome Als Cu | vdrip Cola s | INTERVAL BETWEEN ONSET AND DEATH | |
| UNFADING INK. Physicians: please | U TO THE | II SIGNIFICANT CONDI IG TO THE DEATH, BUT OISEASE OR CONOITION | TIONS CON. Regule NOT RELATED CAUSING IT. Chy. | Chewaters | athil | ? | |
| WITH rtant. | AL | OF OPERATION | 9B. MAJOR FINDINGS OF OPER | RATION | | 20. AUTOPSY? | |
| LY, WITH important. | 21A. ACCI LYING CAUSE OF | DENT WAS UNDER- DR CONTRIBUTING | 218. PLACE OF INJURY (e. g., about home, form, fectory, street, office bldg., | in or 21c. WHERE DID etc.) INJURY OCCUR? | (If in Baltimore City, | give exact location) | |
| H.H. | 21D. TIME OF INJURY | (Month) (Day) (Year) | (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK | | RY OCCUR? | | |
| E P specia | 22. I here deceased | | cnded the deceased from | eng. 19 Toto | | I, that I last saw the hc date stated above. | |
| W ie is | 23A. SIGNA | ATURE Mel | | 23B. ADDRESS TR | ett & | 23C. DATE SIGNED | |
| PLEASE W | 24A. BURIAL. TION, PEMOVAL BURIA | (Specify) 2- 21- | Mt. Carm | | Baltimore | , or county) (State) | |
| LE | DATE RECEIV | TOAD 1 /. A! | S SIGNATURE | 25. PUNERAL DIRECTOR | | ADDRESS | |
| A ő | FEB 20 | 1952 hunter | MAN I IMMENSARY | toller the sh | OLO3 S. Wolfe | Street | |
| | VS 150 | And the state of t | The state of the s | 1-1- | | 111- | |

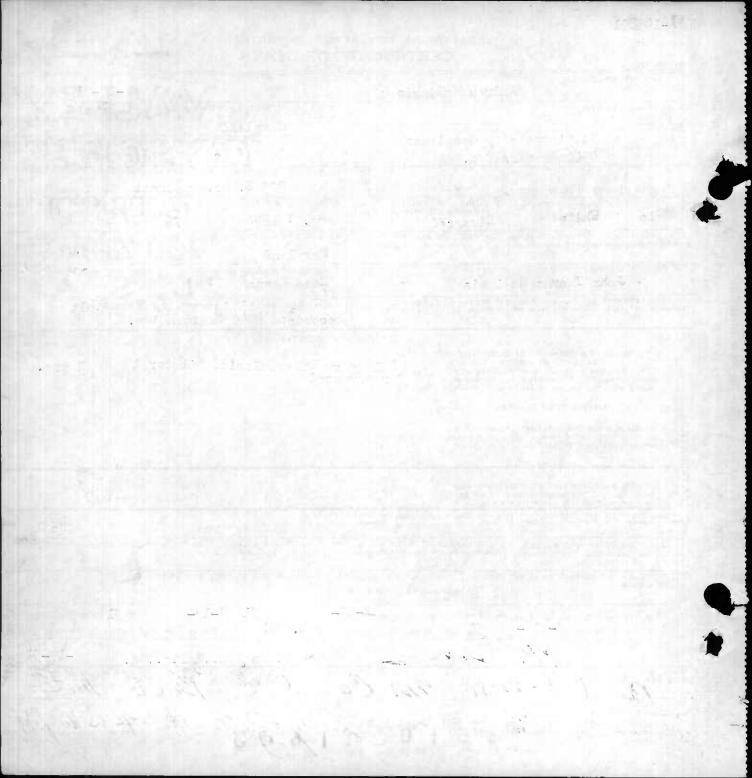
-1- --; sold M. C. Illington Iwanis onneval no bushing the Died . Buildit Tie. Sporroin The Wester Kings & Stanta, College Swarp Darried Little Team is a second of the second

| | the supplied. The | B 1.(7 3 A. B. H. I. | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Beltimore OSPITAL OR USTITUTION Length of stay in Baltimore SEX Male Male Model Mode | os Fe |
|-----------------------------|---------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| NDING | information shoules of death clearly | 13 | A. USUAL OCCUPATION (Giveki k dooe during most of working life, even if ref.) FATHER'S NAME John Thomas WAS DECEASED EVER IN U. S. A. (If yes, give war or unknown) | tir M |
| MARGIN RESERVED FOR BINDING | NFADING INK. Every item of i | TFICATION | DISEASE OR CONDITION (This does not mean the mother failure, asthenia, etc. It injury or complication whith the condition of | ode n ch |
| MAF | LY, WITH UNFADING important. Physicians: | MEDICAL CERT | OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Y OF INJURY) | RG |

BALTIMORE CITY HEALTH DEPARTMENT

54 1645

| В | IRTH NO. | 1. 1545 | | CERTIFICATI | E OF DEATH | Registered | No. |
|---------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------|
| 1. | NAME OF D | ECEASED A | ndrew M | 1cGinnis | | 2. DATE. OF DEATH 2- | -18-51 |
| B. H | PLACE OF D Baltimore (FULL NAME OSPITAL OR NSTITUTION | City, Maryland | al or institution ity Hos | tion, give street address or pitals location) | 4. USUAL RESIDENCE (WA. STATE Maryland C. CITY OR TOWN (If Baltimore | There deceased lived. B. COUNTY | If institution : residence before admission hits, write RURAL and give township |
| c. | Length of s | tay in Baltimore | | Yrs. Mos. Days | b. STREET ADDRESS (If a 205 S. Duri | | |
| | Male | 6.COLOR OR RACE White | Divor | E, MARRIED, VED, DIVORCED (Specify) | 8. DATE OF BIRTH Aug. ? 1874 | 9. AGE (in years last birthday) | If Under 1 Year Months Days Hours Min. |
| WOL | k dooe during most o | CUPATION (Give kind of of working life, even if retired) | 108. KINI | O OF BUSINESS OR INDUSTRY | Maryland | | 12. CITIZEN OF WHAT COUNTRY |
| | | hn Thomas Mc | | | Rosa Roena ? | AME | 1-6%-50 |
| (Ye | 5. WAS DECEASE m, no or unknown) | D EVER IN U, S. ARMEI (If yes, give war or date | FORCES? s of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANTBaltimo Records: 4940 Ea | ore City Hos | APPINEES. |
| CERTIFICATION | OISEAS (This does heart failu injury or DISEASES RISE TO T | SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which o ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA | FH dying, e.; ns the diseas aused death ES ANY, GIVIN | (B) | ary Tuberculosis, | Bilateral | 2 yrs. |
| CERI | TRIBUTING TO THE D | IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION | CAUSING I | D T | | | |
| SAL | 19A. DATE C | of OPERATION O | 9B. MAJOR | FINDINGS OF OPER | ATION | Tarker in | YES NO NO |
| MEDICAL | CAUSE OF | ENT WAS UNDER- R CONTRIBUTING DEATH Month) (Day) (Year) | (Hour) | ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK | (c.) INJURY OCCUR? | | , give exact location) |
| | 22. I hereby deceased all 23A. SIGNAT | ive on 2-18- | ended the | 2 | red at 4.35AMn., from th | ne causes and on | that I last saw the the date stated above. 23c. DATE SIGNED 2-19-51 |
| D. | 4A. BURIAL, CON, REMOVAL (S | D BY REGISTRAR | S SIGNATI | AC. NAME OF CEMETER | 4940 Eastern Ave. RY OR CREMATORY 240. LC 25 FUNERAL DIRECTOR | Dalto, Mai, | |
| | DCAL REGIST | | try | Villians Ma | telly + Zvile | ich- jo | 035 Karef St |





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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1648

| | BIRTH NO. | FICATE OF DEATH | Registered No. |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------|
| | 1. NAME OF DECEASED (Type or Print) MARY M. BANKE | RT | 2. DATE OF DEATH Feb. 16, 1951 |
| 1 | 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give stre | A. STATE | CE (Where deccased lived, If institution: residence B. COUNTY before admission) |
| | HOSPITAL OR INSTITUTION 3619 W. Garrison Ave. | location) Baltimore | (If outside corporate limits, write RURAL and give township) |
| | c. Length of stay in Baltimore | Yrs. D. STREET ADDRESS Mos. 3619 W . Gari | (If rural, give location) rison Ave. |
| | female 6.COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVOR MARRIED MARRIED | | 9. AGE (in years of the last birthday) Months: Days Hours Min. |
| | 10A. USUAL OCCUPATION (Givekiod of rock deseduring most of working life, even if retired) ADUSEWITE 10B. KIND OF BUSING the business of the | NESS OR II. BIRTHPLACE (State Maryland | te or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| | 13. FATHER'S NAME Lewis Wisner | 14. MOTHER'S MAID Margaret Hart | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknown) (If yes, give war or dates of service) SECU | TI THE ORIGINAL | Bankert - 3619 W. Garrison Av |
| | OTHER SIGNIFICANT CONDITIONS CON- | · Slio | 16-195) |
| | TO THE DISEASE OR CONDITION CAUSING IT. | OF OPERATION | 20. AUTOPSY? |
| | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, structured to the structure of the | | |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJUR OF INJURY | Y OCCURRED 21F. HOW DID IN | NJURY OCCUR? |
| 0 | 22. I hereby certify that attended the deceased deceased alive of 12, 192 and that a | from 1930 leath occurred at 7 A.m., fr | |
| - | 24A. BURIAL, CREMA- 24B. DATE 10N, REMOVAL (Specify) | м. р. 1219 Сод | Pikesville, Md, |



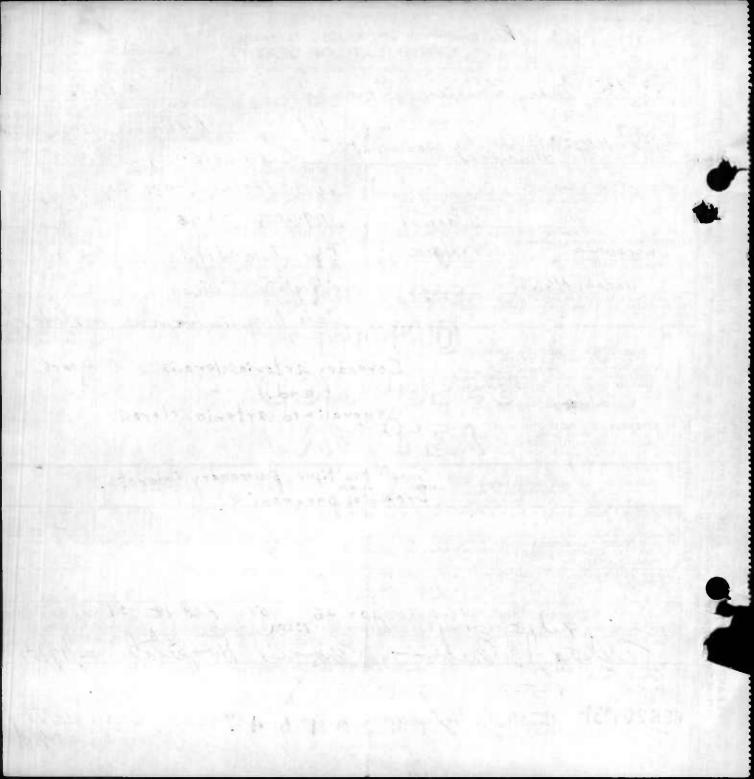
UNFADING INK. Every item of information should be Physicians: please write the causes of death clearly 2d I MARGIN RESERVED FOR BINDING LY, WITH I

1649

BALTIMORE CITY HEALTH DEPARTMENT

51 1649

| 1 | BIRTH NO. | | CE | ERTIFICAT | E OF DEATH | Registered : | No. |
|-------------|--------------------------------|-------------------------------------------------|----------------------|------------------------------------------|----------------------------------------|---------------------------|-------------------------------------|
| | I. NAME OF D Type or Print) | ECEASED | Theres | a Goro | ush | 2. DATE OF DEATH 2 | 19.57 |
| | B. PLACE OF D | EATH: City, Maryland | | | 4. USUAL RESIDENCE | (Where deceased lived, I | |
| | FULL NAME | | ital or institution, | give street address or | 11 // / | Daltimore | City |
| | NSTITUTION | Hospital + | for the l | Nonen of | c. CITY OR TOWN | | ts, write RVRAL and give township) |
| - - | 47 | ma | rylard. | Yrs. | | (If rural, give location) | -06 |
| | Y anoth of a | tay in Baltimore | | Mos. | 1019 Pople | | ~ |
| | S. SEX | 6. COLOR OR RACE | | | 8. DATE OF BIRTH | 9. AGE (In years) | If Under 1 Year Il Under 24 Hours |
| | 7. | W | WIDOWED. | DIVORCED (Specify) | 1.9.1876 | last birthday) M | onths Days Hours Min. |
| | OA. USUAL OC | CUPATION (Give kied | of 10s. KIND OF | BUSINESS OR | 11. BIRTHPLACE (State | or foreign country) | 12, CITIZEN OF |
| | Donce | of working life, even if retired | " av ofo | WE INDUSTRY | Deal Islan | dMd | U.S. A. |
| | 3. FATHER'S | NAME | | | 14. MOTHER'S MAIDEN | | |
| | Va | cotl. Mister | | | Virginia | Wilson | CHO ECILIDAD |
| | (es, no or unkoown) | ED EVER IN U.S. ARMI (If yes, give war or da | ED FORCES? 16 | SECURITY NO. | 17. INFORMANT | | DDRESS DI ASP |
| | | | | | Sara Virgin | ia bosuch | 1019 Toplar Yron |
| | 18. 42 | 0.11 | | CAUSE | OF DEATH | | ONSET AND DEATH |
| | | LEADING TO DE | ATH | <u></u> | . 1 | 10. 10 | 44.00 |
| | heart failu | not mean the mode re, asthonia, etc. It me | ans the disease, | August and and | vary arterios | CIPYOSIS | 19 cars |
| | injury or | complication which | | DUE TO | and. | | |
| - | | ANTECEDENT CAL | ISES | a gene | ralized arts | erios clerosi | C |
| 2 | DISEASE: | S OR CONDITIONS, | | DUE TO | ······································ | 7 | |
| | UNDERLY | ING CONDITION | | (C) | | | |
| NOITACIEITA | | | | 000 | 122/ 12/ | | |
| | | II IGNIFICANT COND | | Small Mi | alliple palmo | hary inforet | 5. |
| 1 | | TO THE DEATH, BU | | Bronchia | preumoni q | 4 | |
| | 19A. DATE C | OF OPERATION | 198. MAJOR FI | NDINGS OF OPER | RATION | | 20. AUTOPSY? |
| 14010 | 314 ACCIE | ENT WAS UNDER- | 218 PLACE | OF INJURY (e. g., i | n or 21c. WHERE DID | (If in Baltimore City, | YES NO L |
| | CALISE OF | R CONTRIBUTING[| 2 . 2 . 4 | factory, street, office bldg., | | | g.re cauci iocuron, |
| | OF INJURY | (Month) (Day) (Yea | | INJURY OCCURR | | URY OCCUR? | |
| | | | m. WHILI | | | - A . | |
| | | y certify that I a | | | | | I, that I last saw the |
| | deceased a | TURE) | | | rred at 1:500 m., fro | m the causes and on | he date stated above. |
| | 237.31.41 | resda | Chil | 2 4 5 2 | Mismeis | Nompilat | 2/19/51 |
| | 24A. BURIAL. | | 240 | NAME OF CEMETE | RY OR CREMATORY 24 | D. LOCATION (City, town | or county) / (State) |
| | Burial | 2-21 | -51 | Loudon Par | rk | Baltimore, | Md. |
| 1 | DATE RECEIVE | | R'S SIGNATURE | | 25. FUNERAL DIRECT | 1 | ADDRESS |
| 1 | FFRSA | 331 HE | the for This | Lauthdy Hait | allm by au | grenes TVa | ro-leally, |
| | VS 150 | 200 | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 1/ | | a. Ima |
| 11 | | | | | V | | 14 2 |



BALTIMORE CITY HEALTH DEPARTMENT

| BIRTH NO. | ERTIFICAT | E OF DEATH | Registered | No. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------------------------------|---------------------------------------------|
| 1. NAME OF DECEASED (Type or Print) ADOLPH WIESNER | | | 2. DATE. OF Feb | . 19, 1951 |
| a. Baltimore City, Maryland | | 4. USUAL RESIDENCE (\ A. STATE Maryland | | institution: residence before admission) |
| B. FULL NAME OF US Marine Hospital or institution Hospital OR US Marine Hospital INSTITUTION Park Drive & 31st St | give street address or location) | | | ts, write RURAL and give |
| c. Length of stay in Baltimore | V | D. STREET ADDRESS (If 1971 N. | rural, give location) Collington A | vo. |
| M W | MARRIED, D.DIVORCED (Specify) Marriad | 8. DATE OF BIRTH 5/25/00 | 9. AGE (In years last birthday) Mo | ff Under 1 Year on the Days Hours Min. |
| work done during most of working life, even if retired) engineer Airpla | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or f | oreign country) | 12. CITIZEN OF WHAT COUNTRY |
| Paul Wiesner | | 14. MOTHER'S MAIDEN N Sadie Smit | | |
| (Ves no or unknown) (If yes give war or dates of service) | 6. SOCIAL 216-03-7165 | 17. INFORMANT Records - US | | DDRESS |
| ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED | (B) DUE TO (C) | | | |
| TO THE DISEASE OR CONDITION CAUSING IT. | INDINGS OF OPER | ATION | | 20. AUTOPSY? |
| | E OF INJURY (e. g., in a,factory,street,office bldg., | n or 21c. WHERE DID (1) | If in Baltimore City, | YES X NO give exact location) |
| OF INJURY WHI | E. INJURY OCCURRI | | | |
| 22. I hereby certify that I attended the de deceased alive on Feb. 19 19 23A. SIGNATURE John L. Wilson, Medical Direction, REMOVAL (Specify) 24A. BURIAL, CREMA-1 24B. DATE 110N. REMOVAL (Specify) | ceased from F That death occur | RY OR CREMATORY 24D. L | he causes and on t al, Balto, Md OCATION (City, town | 2/19/51 |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE FEB 20 19 19 19 19 19 19 19 19 19 19 19 19 19 | Lague Mar | HENRY SANDER & BALTO . 13 MI | | Jander / Jander |
| VS 150 | MUI | > 7- | | EEE . |

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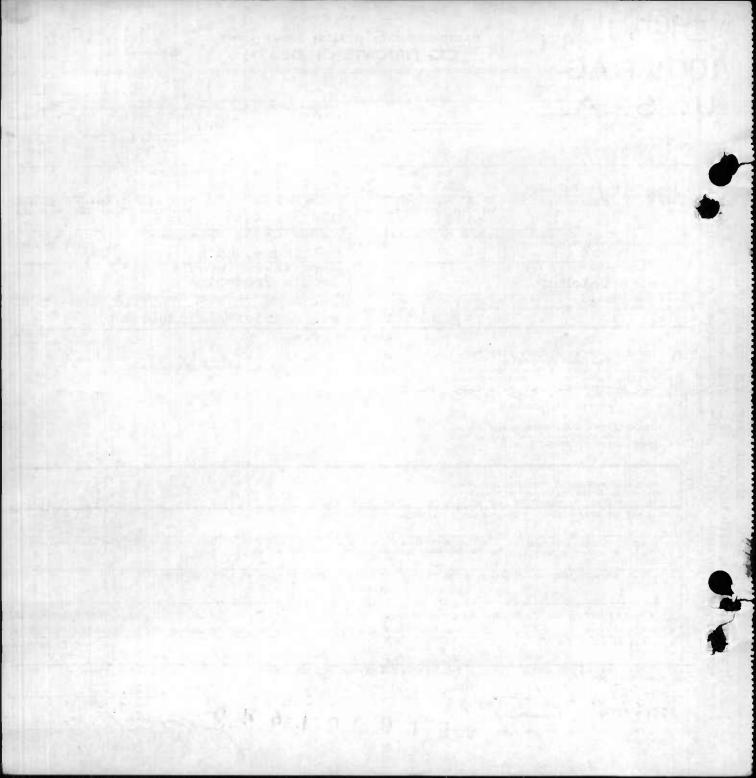
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BALTIMORE CITY HEALTH DEPARTMENT

1851

| BIRTH NO. | 7. 7.007 | | CERTIFICAT | E OF DEATH | Registered | No. |
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| 1. NAME OF (Type or Print | DECEASED MARY PIET | SCH | | | 2. DATE OF Feb. | 17, 1951 |
| 3. PLACE OF A. Baltimore B. FULL NAM | City, Maryland | -1 -n in 4:4. | ion, give street address or | 4. USUAL RESIDENCE () A. STATE | Where deceased lived, In | |
| HOSPITAL OF | | | location) | c. CITY OR TOWN (III) Baltimore | 8-0 | ts, write RURAL and giv township |
| c. Length of | stay in Baltimore | I | Yrs. Mos. Days | 2017 E. Hoffm | | |
| 5. SEX | 6.COLOR OR RACE | 7. SINGL | E, MARRIED, VED, DIVORCED (Specify) | June 30, 1875 | 9. AGE (In years last birthday) M | Will Under 1 Year Hunder 24 Hours onths Days Hours Min |
| 10A. USUAL Corork dependence House | | | oof Business or INDUSTRY | Baltimore, Md | | 12. CITIZEN OF WHAT COUNTRY |
| Charles | Delchau | | | Sophia Freder | | |
| Yes, no or unknow | SED EVER IN U. S. ARMEI n) (If yes, give war or date | FORCES? s of service) | 16. SOCIAL SECURITY NO. NO NO | 17. INFORMANT 2017 Mrs. Henrietta | | |
| (This de heart fai injury of the heart fai injury of t | ASE OR CONDITION LEADING TO DEA' res not mean the mode of clure, asthenia, etc. It means the complication which of the complication which of the complication which of the complication which of the complication of the complicat | FH f dying, e. ; ns the discaseaused death SES FANY, GIVIN STATING TH | (B) | dio Vascul | os driene | _ /2/6/50 |
| TRIBUTII | NG TO THE DEATH, BUT DISEASE OR CONDITION | NOT RELATE | D | AATION | | 20. AUTOPSY? |
| LYING D | IDENT WAS UNDER- OR CONTRIBUTING DEATH | 21B. PL/about home, | ACE OF INJURY (e.g., if farm, factory, street, office bldg., c., 21E. INJURY OCCURR WHILE AT NOT WHILE | n or 21c. WHERE DID (ste.) INJURY OCCUR? | If in Baltimore City, | YES NO |
| | alive on TEX17 | ended the | | red at 430A m., from t | | that I last saw the hc date stated above 23c. DATE SIGNED 2/19 51 |
| 24A. BURIAL, TION, REMOVAL buria | (Specify) 2/20/51 | | 24c. NAME OF CEMETE | RY OR CREMATORY 24D. L | imore, Md. | |
| DATE RECEIVE | TRANS | | | HENRY SANDERR BALTO. 19, MD. | KSONS, INC | ADDRESS |

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| 51 | 1.652 | BAL | TIMORE CITY H | EALTH DEPARTMEN | 1 | 1. 1652 |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|
| BIRTH NO. | | | CERTIFICAT | E OF DEATH | Registered | No. |
| 1. NAME OF D (Type or Print) | Willia | m T. E | Buchsbaum | | | b.19,1951 |
| B. FULL NAME | City, Maryland | al or institution | on, give street address or | 4. USUAL RESIDENCE A. STATE M.C. | (Where deceased lived, B. COUNTY | If institution : residence before admission |
| HOSPITAL OR INSTITUTION | 3023 Clif | | location | c. CITY OR TOWN Baltim | ore 15. | nits, write RURAL and g |
| | stay in Baltimore | | Yrs. Mos. Days | 3017 Gwynns | | way |
| 5. SEX Male | 6.COLOR OR RACE White | 7. SINGLE WIDOW Singl | , MARRIED, ED, D1VORCED (Specify . 6 | 8. DATE OF BIRTH Oct.22,1888 | 9. AGE (In years last birthday) 1 | If Under 1 Year If Under 24 Ho Months Days Hours Mi |
| 10A. USUAL OC work deneduring most ainter | CUPATION (Give kind of of working life, even if retired) | 10B. KIND | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State of Md. | r foreign country) | 12. CITIZEN OF WHAT COUNTR |
| Henry | Buchsbaum | | CONST | 14. MOTHER'S MAIDEN Sophia Doe: | | |
| 15. WAS DECEAS (Yes, no or unknowo) YOS | ED EVER IN U. S. ARMED (If yes, give war or dated W.W.1 | FORCES? | 16. SOCIAL SECURITY NO. 219-01-3280 | 17. INFORMANT Mrs. Otto A.: | Doebereiner | ADDIS Gwynn Falls Prkwy |
| Z DISEASE F RISE TO 1 UNDERLY | ire, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA | aused death. ES FANY, GIVING STATING THE | | many orches vios elec. 42 e acic neplic and lempling | | 5 yrs |
| TRIBUTING | II SIGNIFICANT CONDI S TO THE DEATH, BUT SISEASE OR CONDITION | NOT RELATED | | | | |
| 19A DATE (| | - | FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| | DENT WAS UNDER- | | CE OF INJURY (e. g., rm, factory, street, office bldg., | | (If in Baltimore City | yes No l |
| Σ | (Month) (Day) (Year) | | 1E. INJURY OCCURR | | JRY OCCUR? | |
| 22. I hereb deceased a 23A. SIGNA | | ended the c | and that death occu | rrcd at 2 A m., from | r the causes and on | the date stated about 23c. DATE SIGNE |
| 24A. BURIAL. TION, REMOVAL (S Burial | CREMA- Specify) 2-21-19 | | M.D. 3 4c. NAME OF CEMETE Baltimore | RY OR CHEMATORY 240 | LOCATION (City) town | |
| DATE RECEIVE | | | B ALL SA | 25. FUNERAL DIRECTO | 50 | orth Ave., |
| VS 150 | , | 44 42 5 2 3 | 56 | 10.1 | | 131a |

9 7 De DANIEL P ROBINSON. A SECURITION OF CALL PROPERTY.

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| | PLEASE WITH VNFADING INK. Every item of inform | in coin |
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| | PLEAS | Accessor . |
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| 1. | NAME OF D | ECEASED | | 12 DATE | |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1 | Type or Print) | JOSEP | H SZCZERBICKI | 2. DATE OF DEATH Feb | ruary 18, 19 |
| | Baltimore (| City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY | If institution: residence before admis |
| H | FULL NAME OSPITAL OR | OF (If not in hospit | al or institution, give street address or location) | | mits write RIIRAL and |
| 1 | NOITUTION | 1113 W. 36t | h Street | Baltimore /3- | town |
| | | 1112 | Yrs. Mos. | D. STREET ADDRESS (If rural, give location) | |
| | Length of s | tay in Baltimore 6.COLOR OR RACE | 52 yrs. Days | B. DATE OF BIRTH 9. AGE (in years) | Millada I Vana (Millada 9 |
| | Male | White | WIDOWED, DIVORCED (Specify) Widowed | December 26,1869 9. AGE (In years last birthday) 81 | Months Days Hours |
| 1C wor | A. USUAL OC | CUPATION (Give kind of of working life, even if retired) | 108. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUN |
| | Propri | etor | Shoe Store | Poland | USA |
| 13 | B. FATHER'S | | | 14. MOTHER'S MAIDEN NAME | |
| 1.5 | | Szczerbicki | | | |
| (Ye | , no or unknown) | ED EVER IN U. S. ARMED (If yes, give war or dates | D FORCES? 16. SOCIAL SECURITY NO. | Dr. J.V. Sczerbicki, 1802 E | ADDRESS |
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| MEDICAL CERTIFICATI | DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF INJURY 22. I hereb deeeased at 23A. SIGNA 4A. BURIAL. | in of mean the mode ore, asthenia, etc. It mean ecomplication which complication which complication which complication which complication which complications are considered as a complication of the death, but is a complication of operation of the death, but is a complication of the death of t | TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER about home, farm, factory, street, office bldg. (Hour) 21E. INJURY OCCURR WHILE AT WORK and that death occur. | RATION in or 21c. WHERE DID (If in Baltimore City INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 19N3, to 7EL/6, 19 rred at 23f P m., from the causes and on 23B. ADDRESS 11 E. Clare H | that I last said the date stated at 23C. PATE SIG |

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| MARGIN RESERVED FOR BINDING | Y, WITH UNFADING INK. Every item of information shoule be | al mportant. Physicians: please write the causes of death clearly |
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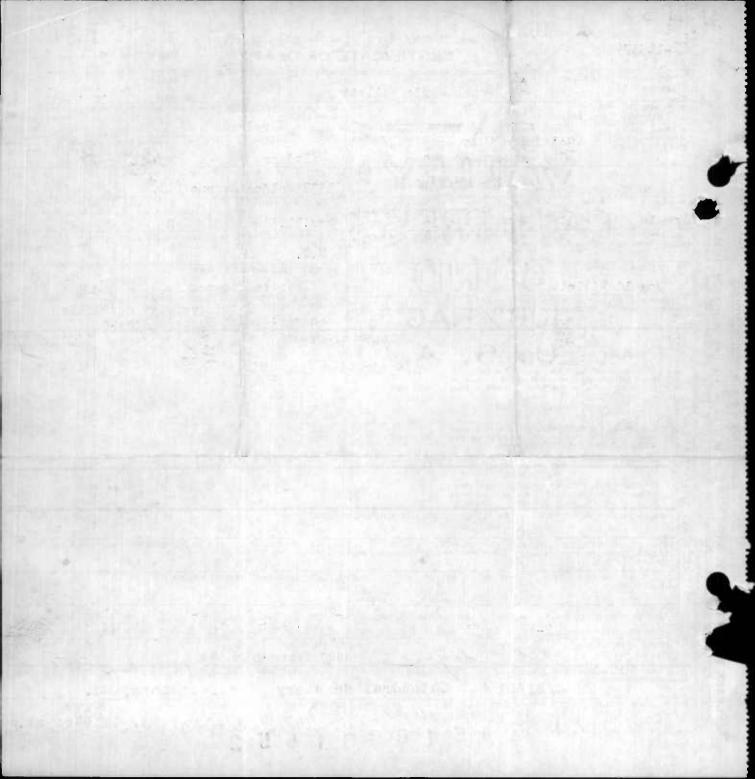
| -43° 51 165 | BALTIMORE CITY HE | EALTH DEPARTMENT | 51. | 1654 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|
| ND-145574 BIRTH NO | CERTIFICATI | | Registered No. | |
| 1. NAME OF DECEASED (Type or Print) | 1. NAME OF DECEASED (Type or Print) Donna Marie Willett | | DEATH | 17,1951 |
| HOSPITAL OR Baltimon | tal or institution, give street address or ce City Hospitals (cation) stern Avenue | 4. USUAL RESIDENCE (WA. STATE Maryland C. CITY OR TOWN (If Baltimore | /here deceased lived. If ins B. COUNTY outside corporate limits, v | before admission |
| c. Length of stay in Baltimore | 25 months Yrs. Mos. Days | o. street address (If 1332 Weldon Aver | nue (11) | |
| Female White | Single Specify) | 8. DATE OF BIRTH Nov.11,1948 | 9. AGE (In years lift Und last birthday) Month | s Days Hours Mi |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired | 1 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for D.C. | | . CITIZEN OF WHAT COUNTS |
| Donald Willett | | Theresa Picer | nardi | / |
| 13. FATHER'S NAME Donald Willett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 18. U. A. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) D. C. 14. MOTHER'S MAIDEN NAME There sa Picenardi 17. INFORMANT Baltimore City Records: 4940 Eastern A CAUSE OF DEATH (A) Aspiration Pneumonia | | | | |
| OSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) Aspiration Pneumonia (A) Aspiration Pneumonia | | | ONSET AND DEA | |
| DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L | STATING THE DUE TO | | | |
| OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION | NOT RELATED | | | |
| 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER- | 198. MAJOR FINDINGS OF OPER | | | YES X NO |
| 21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e | a or 21C. WHERE DID (I INJURY OCCUR? | f in Baltimore City, give | exact location) |
| 21D. TIME (Month) (Day) (Year OF INJURY | (Hour) 21E. INJURY OCCURRED NOT WHILE AT WORK AT WORK | ED 21F. HOW DID INJURY | OCCUR? | |
| 22. I hereby certify that I at deceased alive on 2-17 23A. SIGNATURE | , 19 51. and that death occur | 2-2, 1951, to red at 6:50p m., from the 3B. ADDRESS 1940 Eastern Avenue | he causes and on the | hat I last saw date stated about 3c. DATE SIGNI 2-18-51 |
| 24A. BURIAL, CREMA 24B. DATE | 24C. NAME OF CEMETE | | OCATION (City, town, or | |

LOCAL REGISTRAR'S SIGNATURE
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1655

Registered No. 1. NAME OF DECEASED 2. DATE NNA F. YENNINGTON OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or MARYLAND location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) HFE Mos. c. Length of stay in Baltimore DYINGWOOD Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) If Under 1 Year 9. AGE (in years) last birthday) Months; Days Hours; Min. WIDOWED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewite SALTIMORE MZH 14. MOTHER'S MAIDEN NAME HUGUST EU6S 15. WAS DECEMSED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO GHKHUMA PENNINGTO. NONE 6408 18. INTERVAL BETWEEN 153 X DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING FICATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY ancent mayor Als. PLACE OF NJURY (e. g., in or jout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK L e deceased from Nev 26 1950, to fit 10, 1951, that I last saw the and that death occurred at 4 km, from the causes and on the date stated above. Nov 22. I hereby certify that I attended the deceased from. . 1951, that I last saw the deceased alive on 154 (S 195 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BURIBL BALTIMORE CEMETERY NORTH AUE & CAYST. DATE RECEIVED BY REGISTRAR 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

13/5/18 HOTOMINUS THE BUNK GOTHINA 5510HTTOHE 4315 Springweet Ave was as a Fab 16, 1988 39 83 CHETHORE IND SEH st, ~ 520 of 1 Hogo This TORE WITH 100 M M (10) Charles (Co. ser. 11) well Concerned Course زوسال دوريس 12-4-50 Chancel in Consumo 02-4-51 1. 1 26 50 F. F. 10 St. 15 May a poster that the said of the

51 1856

B. COUNTY before admission)

> (If outside corporate limits, write RURAL and give township)

9. AGE (in years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months Days Hours Min. If Under 24 Hours

> 12. CITIZEN OF WHAT COUNTRY

ADDRESS

W TUBER CULOUS MENINGITIS

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

(If in Baltimore City, give exact location)

190%, that I last saw the

23c. DATE SIGNED 2-20-5

ADDRESS

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TOURS OF THE STREET STEWNISH STORY . 34. 12-12-X1 1 -- H 0- 17-11 The state of the s

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| | 1 | | | |
| | BI | RTH NO. CERTIFICATE | E OF DEATH Registered No. | |
| | | NAME OF DECEASED | 2. DATE | |
| | (T) | ype or Print) Lena L. Roberts | | 18-1951 |
| | | PLACE OF DEATH: | 4. USUAL RESIDENCE (Where deceased lived, If inst | |
| | | Baltimore City, Maryland Balto City FULL NAME OF (If not in hospital or institution, give street address or | A. STATE B. COUNTY | before admission) |
| | HC | OSPITAL OR MIZ C Cuml or C+ location) | C. CITY OR TOWN tlf outside corporate limits, w | rite RURAL and give |
| | IN | STITUTION 113 S. CULTEY St. | Balto.City | township) |
| | -0 | Yrs. | D. STREET ADDRESS (If rural, give location) | . 1 |
| 0 | _ | Life Mos. | 713 S.Curley St. / = | 0 |
| J | 5. | SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, | W | 1 Year II Under 24 Hours |
| | 1 | Female White Widowed (Specify) | Sept. 26 1878 72 Iast birthday) Months | Days Hours Min. |
| | 10. | A USUAL OCCUPATION (Give hinder) TOR KIND OF BUSINESS OR | | CITIZEN OF |
| | work | done during most of working life, even if retired) INDUSTRY | | WHAT COUNTRY? |
| | 13 | Canning foods Foote Packing Co | Md. | |
| | 13 | | 14. MOTHER'S MAIDEN NAME | |
| 3 | 1.0 | John Lorek | Mary | |
| | (Yes | . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDR | |
| | | 216-05-822 | Margaret Sherry 713 S. | Jurley St. |
| | | 18. / 70 X , CAUSE | OF DEATH | INTERVAL BETWEEN DNSET AND DEATH |
| | | DISEASE OR CONDITION DIRECTLY | 0.010 | 7. |
| | | (This does not mean the mode of dying, e.g., (A) | cuoma left treat | Tille . |
| | | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD | | V |
| | | ANTECEDENT CAUSES | | |
| | z | (B) | | |
| | ERTIFICATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | | |
| | Y | UNDERLYING CONDITION LAST. | | |
| | F | (c) | | CO A MAN |
| | IT. | OTHER SIGNIFICANT CONDITIONS CON- | | |
| | | TRIBUTING TO THE DEATH, BUT NOT RELATED | | 3.7775 |
| 4 | U | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | ATION | 20. AUTOPSY? |
| 3 | AL | | | YES NO NO |
| | EDICAL | 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. e., in about home, farm, fectory, atreet, office bldg., e | | exact location) |
| 5 | Ē | HOMICIDE (Specify) about nome, furm, factory, acreet, omee bidg., e | INJURY OCCURY | |
| 1 | Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR | ED 21F. HOW DID INJURY OCCUR? | |
| 4 | | OF INJURY WHILE AT NOT WHILE M. WORK AT WORK | | |
| 210 | | h: | | hat I last saw the |
| 7 | | 22. I hereby certify that I attended the deceased from I | rred at 101 m., from the causes and on the c | |
| 1 | | | | 3c. DATE SIGNED |
| | | luthon L. Harvi M.D. | 3025 Delay Rood | 2-19 51 |
| 9 | 24 | 4A. BURIAL, CREMA- ON, REMOVAL (Specify) 24B. DATE 2AC. NAME OF CEMETE | RY DR CREMATORY 24D. LOCATION (City, town, or | county) (State) |
| 3 | | Burial Feb. 22-51 St. Stanisl | | |
| 1 | D | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR AL | DDRESS |
| 3 | LC | OCAL REGISTMAR Thurty ton Williams M.S. | 111 0 - 4 00 00 | |
| | = | FR YO 1331 | Mm. S. Frankouski 2007 En | money |
| | | VS 150 | 142 | 50 |
| - | | 6/ | | 20 |

Dr. Faarling



BIRTH NO.

| MARGIN RESERVED FOR BINDING | Y, WITH UNFADING INK. Every item of information should pecially portant. Physicians: please write the causes of death clearly if |
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| GIN RESER | UNFADING INK. Physicians: please w |
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| | Y, WITH portant. |
| | Y, WITH specials specials. |

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| | Type or Print) | 2. DATE OF DEATH | 3-13-5 |
| | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased li A. STATE B. COUN | |
| В. | . FULL NAME OF (If not in hospital or institution, give street address o | Md. | 1 t before admission) |
| | OSPITAL OR location | C. CITY OR TOWN (If outside corporat | e limits, write RURAL and give township) |
| - | Yrs. | D. STREET ADDRESS (If rural, give locati | 14-07 |
| c. | Length of stay in Baltimore Life Mos. Days | 18/0 - M. /. | Da Ase |
| | SEX 6. COLOR OR RACE 7 MINGLE, MARRIED, WIDOWED, DIVORCED (Specify | 8. DATE OF BIRTH 9. AGE (In ye | ars If Under 1 Year If Under 24 Hours |
| 1 | ne comes Widowed | 79 | y) Months Days Hours Min. |
| wor | OA. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR k done during most of working life, even if retired) | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13 | 3. FATHER'S NAME | Balt | |
| | E CAR | 14. MOTHER'S MAIDEN NAME | |
| 15 | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE, no or unknown) (If yee, give war or dates of service) SECURITY NO. | 17. INFORMANT | 1000000 |
| (Ye | (Myes, give war or dates of service) SECURITY NO. | Bl- 4. 1. 1. 0- 15 | 75 E. Prest |
| | 18. 41.50 0 CAUSE | OF DEATH | INTERVAL BETWEEN |
| | DISEASE OR CONDITION DIRECTLY | 0 01 | ONSET AND DEATH |
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| | heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO | | |
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| O | DISEASES OR CONDITIONS, IF ANY, GIVING | merayed willing | |
| ATIO | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | |
| FIC | (C) | | |
| RTI | OTHER SIGNIFICANT CONDITIONS CON- | | |
| L | | | |
| Ü | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| LC | | | 20. AUTOPSY? |
| | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE | RATION | YES NO |
| LC | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg. | RATION in or 21c. WHERE DID (If in Baltimore | |
| DICAL C | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE | in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? | YES NO |
| DICAL C | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY | in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? | YES NO |
| DICAL C | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT NOT WHILE AT WORK | in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? | YES NO City, give exact location) |
| DICAL C | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 2 19 and that death occur | in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? | YES NO City, give exact location) |
| DICAL C | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 2 12 and that death occur | in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? 21f. HOW DID INJURY OCCUR? | YES NO City, give exact location) |
| MEDICAL C | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY 21E. INJURY OCCURF WHILE AT NOT WHILL AT WORK AT WORK 22. I hereby certify that I attended the deceased from deccased alive on 2 and that death occure 23A. SIGNATURE | RATION in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? The control of the causes and causes and causes and causes and causes. | YES NO City, give exact location) 19 1, that I last saw the on the date stated above. |
| MEDICAL C | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 2 9 and that death occur 23A. SIGNATURE | in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? 1 - 1, 19, 1, to 1 - 1, rred at 2 m., from the causes and | YES NO City, give exact location) 19 1, that I last saw the on the date stated above. |
| MEDICAL C | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 2 , 19 , and that death occure 23A. SIGNATURE 4A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMET OUR REMOVAL (Specify) 24D. DATE RECEIVED BY REGISTRAR'S SIGNATURE | in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? Tred at 27 m., from the causes and 23b. ADDRESS ERY OR CREMATORY 24d. LOCATION (City | YES NO City, give exact location) 1921, that I last saw the on the date stated above. 23c. DATE SIGNED 2-20-10 100m, or county) (State) |
| MEDICAL C | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILL AT WORK AT | in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | YES NO City, give exact location) 1924, that I last saw the on the date stated above. 23c. DATE SIGNED 2-20 State) |
| MEDICAL C | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 2 , 19 , and that death occure 23A. SIGNATURE 4A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMET OUR REMOVAL (Specify) 24D. DATE RECEIVED BY REGISTRAR'S SIGNATURE | in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? Tred at 27 m., from the causes and 23b. ADDRESS ERY OR CREMATORY 24d. LOCATION (City | YES NO City, give exact location) 1921, that I last saw the on the date stated above. 23c. DATE SIGNED 2-2011 town, or county) (State) |
| MEDICAL C | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 2 , 19 , and that death occure 23A. SIGNATURE 4A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMET OUR REMOVAL (Specify) 24D. DATE RECEIVED BY REGISTRAR'S SIGNATURE | in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | YES NO City, give exact location) 1921, that I last saw the on the date stated above. 23c. DATE SIGNED 2-2011 town, or county) (State) |

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 1659

Registered No.



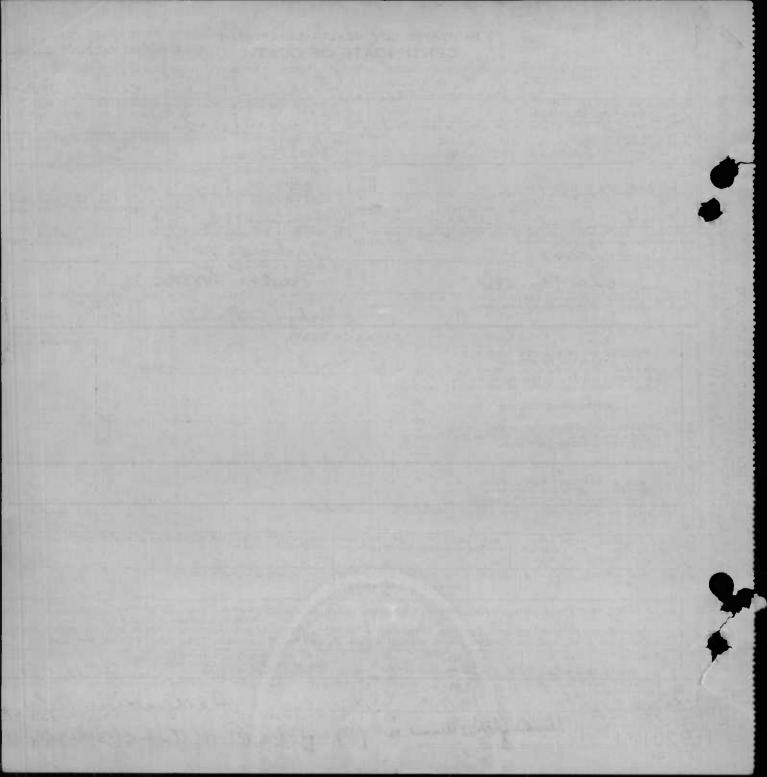
| 1 | G-536 1000 PALTIMORE C | TV HEALTH | DEPARTMENT | 51 | 1660 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|----------------------------|----------------------------------------------|
| В | 3. 1.000 | CATE OF | | Registered No | |
| 1 (5 | NAME OF DECEASED CHAP | uis o | GUNTHER | 2. DATE OF DEATH | D: 19 'EI |
| | Baltimore City, Maryland Wed. | 6 4. US | UAL RESIDENCE (W | here deceased lived. If in | nstitution : e idence before admission) |
| H | | A* \] | Y STOWN (If | outside corporate limits, | write RURAL and give |
| | HOLES HOPKIES KOSPITAL | Yrs. D. STI | REET ADDRESS (If | rural, give location) | • |
| 11- | Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. | Mos. Days 3 | 09 7. 4 | 9. AGE (in years) | Index 1 Year If Under 24 Hours |
| 1 | hale with WIP WED, DIVORCED | (Specify) /O | -2-68 | last birthday) Mon | ths Days Hours Min. |
| WOI | OA. USUAL OCCUPATION (Give kind of 10 p. KIND OF BUSINES: k dooe during most of working life, even if retired) | S OR II. BII | RTHPLACE (State or fo | reign country) | 2. CITIZEN OF WHAT COUNTRY |
| 1: | Charles Duether | 14. MG | THER'S MAIDEN NA | IME 5 | |
| 1 (Y | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6, 00 or unkoown) (If yes, give wer or dates of service) 16. SOCIAL SECURIT | Y NO. 17. IN | FORMANT HELLS 5 | OPKIES KOSPITAL | DRESS |
| | | USE OF DE | ATH | | INTERVAL BETWEEN |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) | Depria | time The | entime à | Suins |
| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | | | uctine | | |
| Z | ANTECEDENT CAUSES (B) | Buelia | e Theat | chosis a | |
| RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO SULLCULE BOALUE | | | | mal | |
| | | | | | |
| CER | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | 1 |
| SAL | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS O | F OPERATION | | | YES NO |
| 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING boot home, ferm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING boot home, ferm, factory, street, office bldg., etc.) CAUSE OF DEATH (If in Baltimore City, give | | | ve exact location) | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | | | | ATTEN NO. | |
| | 22. I hereby certify that I attended the deceased from may 1/ 9, 1950 to 3 et. 17, 1957 that I last sau | | | | |
| | deceased alive on 19.17, 19.5 and that dear | h occurred at. | | he causes and on the | date stated above |
| 2 | | DEMETERY OR C | REMATORY 24D. L | CATION (City, town, o | 7-17-5 er county) (State) |
| 1 | BURIAL 2-20-511 C | ARME | CEA 571 | 2 EREDO | NNELL ST. |
| | ATE RECEIVED BY COLOR REGISTRAR'S SIGNATURE | ble | orles of 2 | eiler 901 S | CONKLING S |
| | FEB 48 1931 | | 103.8 | | 910 |

war the fire A SHITE ALL 2 2 4 5 HELICAL STREET STREET, who was for the first of the fi

| | HEALTH DEPARTMENT TE OF DEATH Registered No. 1661 | | |
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| BIRTH NO. | | | |
| 1. NAME OF DECEASED (Type or Print) | POWELL DEATH Feb 18, 1951. | | |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) | | |
| B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR INSTITUTION Franklin Square | | | |
| C. Length of stay in Baltimore Yre More | 1 242 he Process St. | | |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Special | 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours | | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUST | 11. BIRTHPLACE (State or foreign country) Tailors, N.C. 12. CITIZEN OF WHAT COUNTRY | | |
| Charles Powell. | 14. MOTHER'S MAIDEN NAME Justor West. | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO | 17. INFORMANT ADDRESS Lichyn C. Powell, 247 Payson St. | | |
| DISEASE OR CONDITION DIRECTLY | rebral arteriosclerosis | | |
| ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) | | | |
| OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | |
| 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP | | | |
| UNDERLYING ☐ OR CONTRIB. UNDERLYING ☐ CAUSE OF DEATH. 218. PLACE OF INJURY (6. g about home, farm, factory, street, office bld | | | |
| 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY 21c. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Authory, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes (M, accident (), suicide (), homicide (), undetermined (). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER | | | |
| | | | |
| DATE RECEIVED BY LOCAL REGISTRAR SEIGNATURE B 2 0 1951 | Mrs Kater R. Williams Schools & | | |

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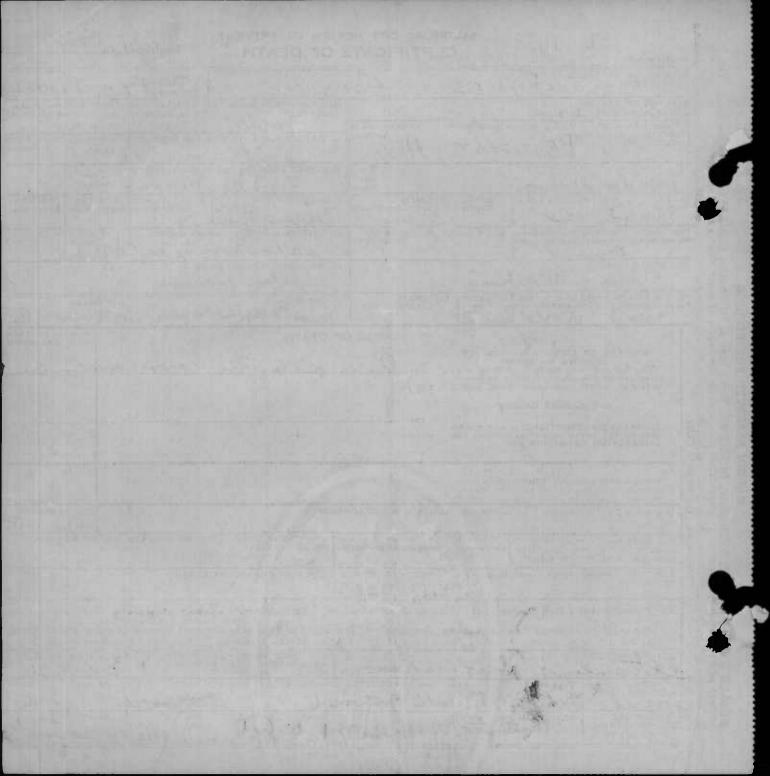
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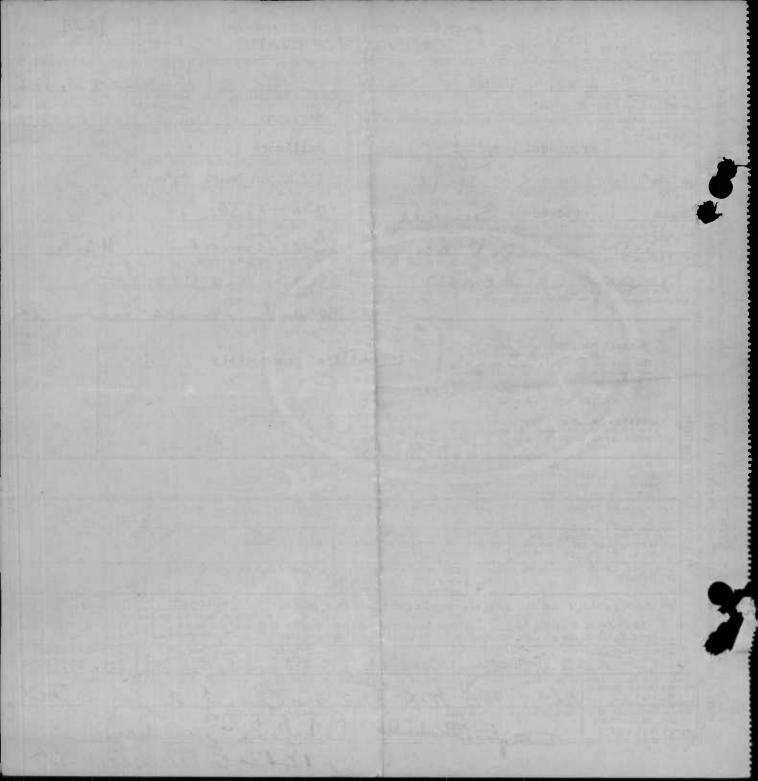


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| Q. | |
| H UNFADING INK. Every item of information should be | es of death clearly |
| item o | he caus |
| Every | write t |
| INK. | please |
| UNFADING | Physicians: |
| H | |

| 13-330 | BALTIMORE CITY H | EALTH DEPARTMENT | EA | 1000 |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|---------------------------|--------------------------------------------|
| 51. 1.663 | | E OF DEATH | Registered 1 | No 1.003 |
| I. NAME OF DECEASED | two. | | Lo Date | |
| (Type or Print) | Barren | | OF DEATH FOL | mu17. 1951 |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland | 2 11- 08 | 4. USUAL RESIDENCE (| | institution residence before admission) |
| B. FULL NAME OF (If not in hospita | l or institution, give street address or | | B. COOKT ! | beare auminision) |
| HOSPITAL OR INSTITUTION HOLES | location) | c. CITY OR TOWN (II | f outside corporate limit | ts, write RURAL and give township) |
| TOTAL MAN | Yrs. | o. STREET ADDRESS (If | rural, give location) | -01 |
| c. Length of stay in Baltimore | Mos. | ILEI NA | to and said 5 + | |
| 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. | 8. DATE OF BIRTH | | f Under 1 Year If Under 24 Hours |
| Female, Culmed | WIDOWED, DIVORCED (Specify) | 4-6-09 | Hast birthday) Mo | onths Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR | II. BIRTHPLACE (State or f | oreign country) | 12. CITIZEN OF WHAT COUNTRY |
| 13. FATHER'S NAME | | TA MOTUESIA MAISTIN | | |
| (ADD a) C: | | 14. MOTHER'S MAIDEN N | AME | |
| 15. WAS DECENSED EVER IN U. S. ARMED | FORCES? 16. SOCIAL | 17. INFORMANT | vaus. | DDRESS |
| (Yes, no or unknown) (1f yes, give war or dates | of service) SECURITY NO. | Same! | opkins kospita. ~ | DURESS |
| 18. /75% | CAUSE | OF DEATH | | INTERVAL BETWEEN |
| DISEASE OR CONDITION DE | | . 0 | 0 | |
| (This does not mean the mode of heart failure, asthenia, etc. It mean | dying, e. g., (A) | revoluted 600 | einamatos | which |
| injury or complication which ca | | | | |
| ANTECEDENT CAUSE | Cenau | noma-probable | Ouerel | unha |
| O DISEASES OR CONDITIONS, IF | ANY, GIVING | Monrae (phaeacac | Gowie | |
| RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS | | | | |
| | (0) | | | |
| OTHER SIGNIFICANT CONDIT | | | | |
| TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION | CAUSING IT. | | | |
| 1 1 1 - 2/ | Caneinoma to se | - ' | | YES NO |
| 21A. ACCIDENT WAS UNDER. | 218. PLACE OF INJURY (e.g., | in or 21c. WHERE DID (| If in Baltimore City, | |
| W CAUSE OF DEATH | about home, farm, factory, street, office bldg., | etc.) INJURY OCCUR? | | |
| 21D. TIME (Month) (Day) (Year) (OF INJURY | (Hour) 21E. INJURY OCCURR | ED 21F. HOW DID INJUR | Y OCCUR? | |
| | m. WHILE AT NOT WHILE | | | |
| 22. I hereby certify that I atte | ended the deceased from, 19_51, and that death occu | 2-15 1951, to | 2-17,195 | I, that I last saw the |
| | , 19.5). and that death occur | rred at 6 50 km., from t | he causes and on t | |
| 23A. SIGNATURE | Who last | 238. ADDRESS ON S NOPL | IRS HOSPITAL | 23c. DATE SIGNED |
| 24A. BURIAL CREMA- 24B. DATE | 24c. NAME OF CEMETE | | OCATION (City, town | , or county) (State) |
| Bural Feb 21,1 | 951 St. Pete | 2 0= | saltimore. | ma |
| DATE RECEIVED BY REGISTRAR'S | SIGNATURE | 25. FUNERAL DIRECTOR | - 1 | ADDRESS 322 N |
| FEB 20 1951 Thursday | have I literature have | Para Katrick K. W. | elliams x | Chicary St |
| VS 150 | | | | 11 11 - |

Some many was they are it assumes to High to premier a to make of Service State of the Control of the

| | 3004 | E OF DEATH E OF DEATH E OF DEATH Registered No. |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | BIRTH NO. 00 - 2063 | |
| | 1. NAME OF DECEASED (Type or Print) ALBERT THOMAS | 2. DATE OF DEATH February 18, 1951 |
| | 3. PLACE OF DEATH: A. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) |
| | B. FULL NAME OF (I not in hospital or institution, give street address or HOSPITAL OR location) | |
| | Provident Hospital | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore |
| | Yrs. | D. STREET ADDRESS (If rural, give location) |
| | c. Length of stay in Baltimore Mos. Days | 944 Mason Court St |
| J | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) | |
| | male colored 10a. USUAL OCCUPATION (Give kind of 10B. KIND OF AUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| 1 | work done during most of working life, even if retired) | Baltimore WHAT COUNTRY? |
| 4 | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| - | Boland I Komas | madelina Claylon |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. | 17 INFORMANT P 9 4 PESS |
| | 18. 1/0 CAUSE | OF DEATH |
| | DISEASE OR CONDITION DIRECTLY | OF DEATH |
| | (This does not mean the mode of dying, e.g., (A) Interst | titial pneumonitis |
| | heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO | |
| li | ANTECEDENT CAUSES | |
| | Z DISEASES OR CONDITIONS, IF ANY, GIVING | |
| | UNDERLYING CONDITION LAST. | |
| | O II | |
| | OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED | |
| | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDING | RATION 20. AUTOPSY? |
| | ▼ | YES X ND |
| | 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., UTING CAUSE OF DEATH. | |
| | 2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK | |
| | 22. I certify that I took charge of the remains described of | |
| | the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes | Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, s. accident \square , suicide \square , homicide \square , undetermined \square . |
| | Lauley & Devlacher M | 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Feb. 19, 1951 |
| 4 | 24A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE | RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) |
| | DATE RECEIVED BY REGISTRAR'S SIGNATURE | 28. FUNERAL DIRECTOR ADDRESS |
| | LOCAL REGISTRAR FER 20 1951 | Orbugner Sanders 114EV |
| | VS 151 | 1842 E Preston St |



The

| (9) | -6 | 50 |
|-------|-----|---------|
| 4 | -51 | 54 1665 |
| BIRTH | NO. | |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1665 Registered No.

| BIRTH NO. | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. NAME OF DECEASED (Type or Print) | 2. DATE |
| Thumas Itanee | n DEATH / ROMMAN NO / 1 |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) |
| B. FULL NAME OF (If not in hospital or institution, give stree | |
| HOSPITAL OR INSTITUTION LEXIS ROPKIES KOSPITAL | c. CITY OR TOWN (If outside corporate limits, write RURAL and give |
| SATED MOLYING HARLING | Ballmane 10-01 |
| | Yrs. D. STREET ADDRESS (If rural, give location) |
| c. Length of stay in Baltimore | Days 1016 magnith 5t. |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORC | 8. DATE OF BIRTH 9. AGE (In years if Under 1 Year Monds 24 Hours Min. |
| male Johned minn | 1 9-26-14 56 |
| 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINE | SS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| LABORER General | Jorsanna |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 5 trenen Isneen | Katie White, |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECUR | |
| SECOR | TY NO. HORRIS HOPKINS HOSPITA |
| 18. 023 X . | TALISE OF DEATH |
| DISEASE OR CONDITION DIRECTLY | ONSET AND DEATH |
| | UBACUTE BACTERIAL ENDOCART TIS 3WK |
| heart failure, asthenia, etc. It means the disease, | ZI Z |
| injury or complication which caused death.) DUE TO | |
| ANTECEDENT CAUSES | SAMULTIN OURTIFIE IN YOU |
| Z DISEASES OR CONDITIONS, IF ANY, GIVING | SYPHILITIC ADZTITIS 10 YRS, |
| RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | |
| (c) | |
| | |
| OTHER SIGNIFICANT CONDITIONS CON- | 5000 (100 HE 100 HE |
| TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| 194. DATE OF OPERATION 198. MAJOR FINDINGS | |
| S - Late Blace of INV | OF OPERATION 20. AUTOPSYT |
| | YES NO L |
| I VINGO OR CONTRIBUTINGO about home, farm, factory, street | RY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) |
| I VINGO OR CONTRIBUTINGO about home, farm, factory, street | RY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) |
| LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY | RY (e. g., in or land) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |
| LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH | RY (e. g., in or Loffice bldg., etc.) YES NO YES NO NO NO NO NO NO NO N |
| LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK | RY (e.g., in or Loffice bldg., etc.) OCCURRED NOT WHILE AT WORK YES NO (If in Baltimore City, give exact location) OCCUR? |
| LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased factory. | NOT WHILE AT WORK OM. 2-15, 1951, to P-18, 1951, that I last saw the |
| LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased factory. | NO RY (e. g., in or to the courred at 10 55 m., from the eauses and on the date stated above |
| LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby eertify that I attended the deceased for deceased alive on 1951. and that deceased | NO RY (e. g., in or to the courred at 10 55 m., from the eauses and on the date stated above |
| LYING OR CONTRIBUTING about home, farm, factory, stree CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased for deceased alive on 23A. SIGNATURA 23A. SIGNATURA 24A. BURIAL, CREMA: 24B. DATE 24G. NAME O | PYES NO RY (e. g., in or Loffice bidg., etc.) OCCURRED NOT WHILE |
| LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased for deceased alive on 1951. and that deceased alive on 1951. | PRY (e. g., in or Loffice bldg., etc.) OCCURRED NOT WHILE NOT W |
| LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased for deceased alive on 23A. SIGNATURY 24A. BURIAL, CREMA: 24B. DATE 24G. NAME O | PRY (e. g., in or Loffice bldg., etc.) OCCURRED NOT WHILE NOT W |
| LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased for deceased alive on 23A. SIGNATURA 24A. BURIAL CREMA: 24B. DATE TION, REMOVAL Specify) 22/2/5/ | RY (e.g., in or Lottice bldg., etc.) RY (e.g., in or Lottice bldg., e |
| LYING OR CONTRIBUTING about home, farm, factory, afroc CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased for deceased alive on 23A. SIGNATURA 24A. BURIAL. (REMA: 24B. DATE TION, REMOVAL Spycify) 2/2//57 | RY (e.g., in or Loffice bldg., etc.) OCCURRED NOT WHILE OM T - 15 , 1951, to That I last saw the ath occurred at 10 57 m., from the causes and on the date stated above 23B. ADDRESS M. D. CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (States) |

SUPPLY FACTIFICATION CARSES BURNES STUMPLING BORTISSES STORAGYS STATE OF THE STATE PLACE TO SERVE OF CHARLES

, 19_5] that I last saw the

23c. DATE SIGNED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

location)

Yrs.

Mos.

INDUSTRY

A. STATE

C. CITY OR TOWN

8. DATE OF BIRTH

17. INFORMANT

D. STREET ADDRESS

BIRTH NO I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or INSTITUTION 5. SEX

supplied.

information s

18.

00

BINDING

RESERVED

INK.

Physicians:

NOIF

H

U

EDICAL

c. Length of stay in Baltimore

Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) ARTENDET 13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)

16. SOCIAL

SECURITY NO.

DUE TO

DUE TO

(C)

CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

kidney damage TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or 2 IA. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)

WORK

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED NOT WHILE WHILE AT

22. I hereby certify that I attended the deceased from_ and that death occurred at 1:20Am., from the causes and on the date stated above. deceased alive on 2-19 1951

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR.

23B. ADDRESS

2Ic. WHERE DID

INJURY OCCUR?

19 510

2431 Maryland Avenue Balto 18

ADDRESS

24D. LOCATION (City, town, or county)

2-20

DATE RECEIVED BY

LOCAL REGISTRAR

OF INJURY

De Cooks -2431 Md. ave. . ASSESSED THE THE LE MARK TO STANKITY. Manager and Manager and Assessment

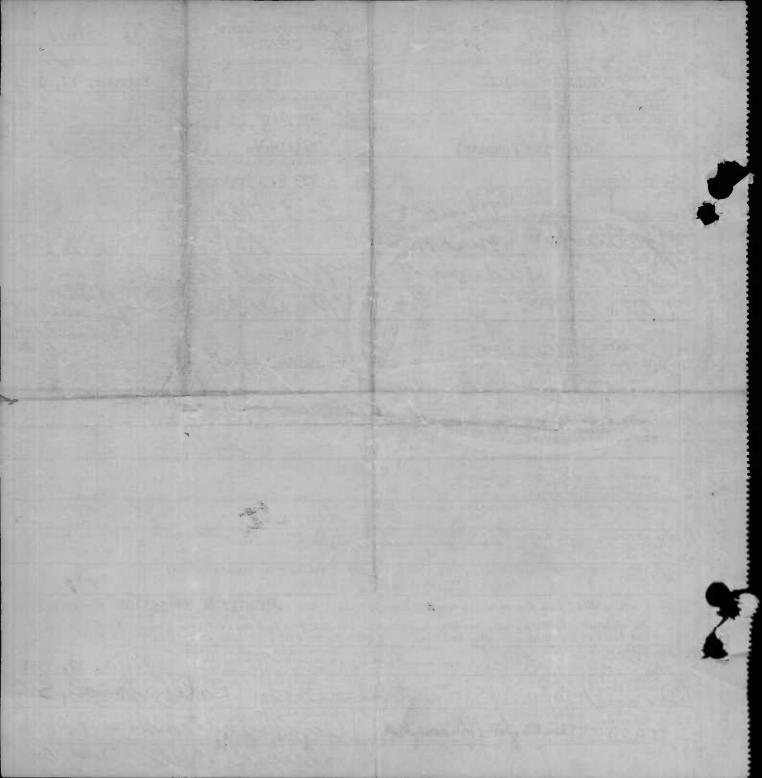
The

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| 二 身 | ADDE |
|----------------|-------|
| Registered No. | 1.00/ |

| = 11 | | |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Th | 1. NAME OF DECEASED (Type or Print) VIOLA SPRIGGS | 2. DATE OF DEATH February 17, 1951 |
| supplied | 3. PLACE OF DEATH: A. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) |
| ldns | B. FULL NAME OF ("I not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION | Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give |
| ully | University Hospital | Baltimore 4-0 Ztownship) |
| ibl | Yrs. Mos. c. Length of stay in Baltimore | o. STREET ADDRESS (If rural, give location) 733 W. Saratoga Street |
| 20 | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDDWED DIXORGED (Specify) | 8. DATE OF BIRTH 9. AGE (In years if 8nder I Year if Under 24 Hours last birthday) Months: Days [Hours: Min. |
| E E | female colored JACOV 100, USUAL OCCUPATION GIVE kind of 108, KIND OF BUSINESS OR | 11. BIRTHPLACE (Style or Layeign country) 12. CITIZEN OF |
| learl | work and during most of working life you fretired) Our House | A.C. WHAT COUNTYY |
| information shous of death clearly | Chester Hudson | Maril Gary, |
| Every item of inforvrite the causes of d | 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes soor unknown) (If yes, are we or into sof service) SECURITY NO. | Mare Ladage - Lincole pt |
| n of ause | 18. 490 X 1 CAUSE C | OF DEATH COLORENT DEATH |
| iter he c | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)Lobar | A. e. |
| Every write t | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | F 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | ANTECEDENT CAUSES | TOTAL STATE OF THE |
| please | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | |
| NG .s | UNDERLYING CONDITION LAST. | |
| UNFADING Physicians: | OTHER SIGNIFICANT CONDITIONS CON- | |
| | TO THE DISEASE OR CONDITION CAUSING IT 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERA | ATION 20. AUTOPSY? |
| WITH rtant. | U 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in | |
| | UNDERLYING OR CONTRIB. about bome, farm, factory, street, office bldg., et UTING CAUSE OF DEATH. | c.) INJURY OCCUR? |
| iml | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK | D 21F. HOW DID INJURY OCCUR? |
| roeci | | bove, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry |
| 100 | and death in my opinion resulted from: natural causes | nquiry, find that said deceased died on the day stated above, ∑ , accident □, suicide □, homicide □, undetermined □. |
| ge | Hanley & Durlacher M.I | 236. CHIEF MEDICAL EXAMINER |
| PLEASE correct age | BURIAL. CREMA. 24B. DATE 24C. NAME OF CEMETER | |
| PLE | DATE RECEIVED BY REGISTRAR'S SIGNATURE | 25 TUNERAL DIRECTOR ADDRESS |
| | FB 20 1957 Emiliator Miliament | W. Stalstead - 418 p |
| | V S 151 | slind Hill are. Vint |



Registered No.

DEATH February 14, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location 837 N. Fulton Street AGE (In years | If Ender I Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ONSET AND DEATH

BALTIMORE CITY HEALTH DEPARTMENT

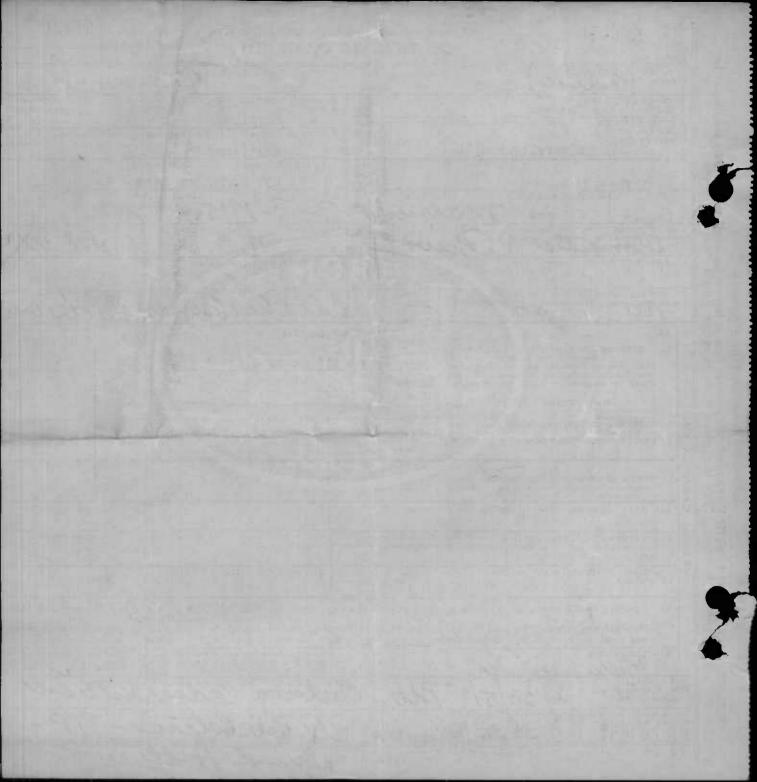
(If in Baltimore City, give exact location)

Autopsy, Inspection or Inquiry

and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23c. DATE SIGNED

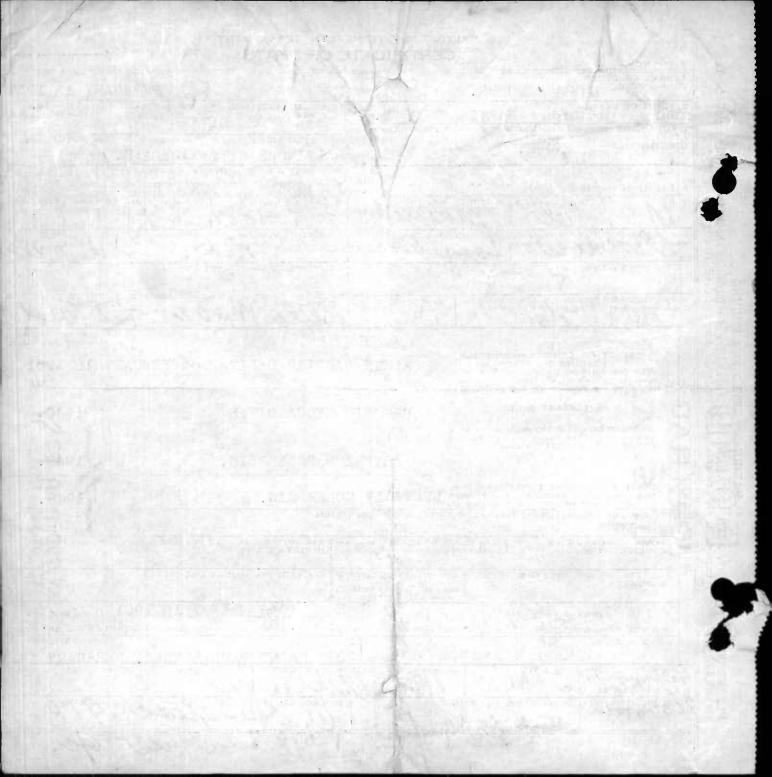
20. AUTOPSY

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MARGIN RESERVED FOR BINDING

| | M-600 | EA 40 | 20 |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------|
| | 1000 | E OF DEATH Registered No. | |
| | 1. NAME OF DECEASED (Type or Print) JAMES A MOORE. | 2. DATE OF FEBRUAR | |
| | 3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE CITY. B. FULL NAME OF (If not in hospital or institution, give street address of | | titution: residence before admission) |
| | INSTITUTION NONE institution of the second s | BALTIMORE CITY MARYLAND. | rite RURAL and give |
| I ICE TO | c. Length of stay in Baltimore LIFE. Yrs. Mos. Days | | |
| 1 | 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. | 7-7-/887 last birthdy) Month | s Days Hours Min. |
| _ ذ | 10A. VSIQ L-OCCUPATION (Give kieded of the control | md. I | WHAT COUNTRY? |
| near | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | , _ |
| 70 828 | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or determination of the property of the p | Belle Moore - Die | stow pt. |
| Can | 7,77 | OF DEATH | INTERVAL BETWEEN |
| TIPE CITE | OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | CARDIAC DILITATION FEBUARY | 18 1951 |
| ase | | C MYOCARDITIS | 1948. |
| 2 i | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | |
| Claric | ARTER | IOR SCLEROSIS. | 1948. |
| 3 i | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED MULTIPLY TO THE DISEASE OR CONDITION CAUSING IT. | SCLEROSIS. | 1945. |
| | 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE | RATION | 20. AUTOPSY? |
| | NONE 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg. | | exact location) |
| 2 | 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURF OF INJURY NOT WHILE AT WORK m. WORK | | |
| hecia | 22. I hereby certify that I attended the deceased from JU deceased alice on FEBY 17, 19, 5, and that death occur | | hat I last saw the |
| adea (c) | 23A. SIGNATURE / followed | 23B. ADDRESS | date stated above. |
| 200 | 240. BURIAL. CREMA- 24B. DATE 24C NAME OF CEMET | 3013 SAINT PAUL STREET FEE | County) (State) |
| nation | June 12/2/1/1/1/1/1/ | 25. EUNERAL DIRECTOR | PERESS A |
| 00 | REGELVED BY REGISTRARIS SIGNATURE | W. Trasslead - | 115- |
| | VS 150 | - Alund Hill C | UU.477 |



The

| H-540 1670 |
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VS 150

BALTIMORE CITY HEALTH DEPARTMENT

51 1670

| BIF | RTH NO. | | | CERTIFICATI | E OF DEATH | Registered | NO. |
|------------|-----------------------------|----------------------------------------------------------|--------------------------------|------------------------------------------------------------|-----------------------------|-----------------------------------|--------------------------------------------------------------------|
| | NAME OF D | | zabetl | n Hummel | | 2. DATE OF DEATH 2/ | 17/51 |
| | PLACE OF D | | | | 4. USUAL RESIDENCE (V | Where deceased lived, J | f institution : residence before admission |
| | | | al or instituti | on, give street address or | 3/3 | B. COOI411 | berore admission |
| HO | SPITAL OR | | | location) | C. CITY OR TOWN (I | outside corporate lim | its, write RURAL and giv |
| 0 | 0 | 811 S.East | Ave. | | Baltimore | 26 | -// township |
| | | | | Yrs. | o. STREET ADDRESS (If | rural, give location) | |
| c.] | Length of s | tay in Baltimore | 1 m | Mos. Days | 811 S. East A | ve. | |
| 5. 5 | SEX | 6. COLOR OR RACE | 7. SINGLE | , MARRIED, ED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) M | if Under 1 Year If Under 24 Hours Ionths: Days Hours Min. |
| | F | W | W | | Oct.31,1867 | 83 | |
| Ork o | done during most | CUPATION (Give kind of of working life, even if retired) | 108. KIND | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or f | oreign country) | 12. CITIZEN OF WHAT COUNTRY |
| h | ouse w | ife | | | Baltimore | | |
| 13. | FATHER'S | NAME | | | 14. MOTHER'S MAIDEN N | AME | |
| | | Anton Huber | • | The great of the same | Rose Single | e | |
| 5. (es. | WAS DECEASE | ED EVER IN U. S. ARMEI | FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| | | | | 5200 NO. | Caroline Humme | el 811 S.E | ast Ave. |
| T | 18. 42 | 2.1 | | CAUSE | OF DEATH | | INTERVAL BETWEE |
| 1 | DISEAS | SE OR CONDITION | | 01 | | .) | |
| | (This does | LEADING TO DEA | of dying, e. g | , (A) light | conclude C.V | · Deserge | 2-11-50 |
| | heart failu | re, asthenia, etc. It mes complication which | ins the diseas caused death | e, | | | |
| | | ANTECEDENT CAUS | SES | 9 | .0 2 | 7 | (-/ |
| | | | | (B) Mse | pendial Fac | lure | 1-22-31 |
| | RISE TO T | S OR CONDITIONS, I | STATING TH | | | | |
| | UNDERL | YING CONDITION LA | AST. | 0.0 | 0 1 21 | 1 | |
| | | 11 | | (C) (C) | chal Humin | rleage | 2-14-51 |
| 2 | | SIGNIFICANT COND | | | | V | |
| 1 | | G TO THE DEATH, BUT | | | | | |
| , | | | | EINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| 5 - | 4 | me! | | | 1011 | 70 1 71 111 | YES NO |
| 10 | HOMICIDE | Specify) | about home, | CE OF INJURY (e. g., i arm, factory, street, office hldg., | etc.) 21C. WHERE DID (etc.) | If in Baltimore City, | give exact location) |
| Σ . | | (Month) (Day) (Year | (Hour) | 21E. INJURY OCCURR | ED 21F, HOW DHO INJUR | Y OCCUR? | |
| | OF INJURY | nme | m. \ | WHILE AT WORK | - Ton | | |
| 1 | 22. I hereh | y certify that I at | ended the | - | -(1-50 19 to | 2-17-5/19 | _, that I last saw th |
| | deceased a | live on 2-97 | 1957 | and that death occur | rred at 5 40 Pm., from t | the causes and on | the date stated abov |
| 1 | 23A, SIGNA | | 1 | | 23B. ADDRESS | <i>M</i> . | 23c, DATE SIGNED |
| | | 240ch | mun | м. о. | 247 6,500 | xnol | 2-19-50 |
| 24 | A. BURIAL, N. REMOVAL (S | CREMA- 24B. DATE | | 24c. NAME OF CEMETE | ERY OR CREMATORY 24D, L | LOCATION (City, tow | n, or county) (State) |
| | Burial | 2/22/ | 51 | Mt.Carmel | | altimore | Md. |
| DA | TE RECEIVE | D BY REGISTRAR | 'S SIGNATU | RE | 25. FUNERAL DIRECTOR | ß | ADDRESS |
| 8 | TD SA | 3511 | Lei M. | B. F. W. W. B. | blarease THOM | ine 1639 | Broadyay. |

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| 0 | 1. | I. | 0 | 1 | 1. |
|---|----|----|---|---|----|
| | | | | | |

| Tue | ВІ | IRTH NO. | CERTIFICATI | E OF DEATH | Registered No |) |
|--------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------|--------------------------------------|-------------------------------------------|
| | 1. | NAME OF DECEASED (Sype or Print) | 4/4/ | 1000 | 2. DATE OF FC | 18/190 |
| supplied. | | PLACE OF DEATH: Baltimore City, Maryland | 5. 11. 1140 | 4. USUAL RESIDENCE (W | here deceased lived, If in B. COUNTY | stitution: residence before admission) |
| The state of | B. HC | FULL NAME OF (If not in hospital or i | institution, give street address or location) | MARYLAND C. CITY OR TOWN (If | outside corporate limits, | write RURAL and give |
| y | 11/2 | 2146-11-Lez | ington of | Ballimere | 20-0 | 2 township) |
| Te | c. | Length of stay in Baltimore | Yrs. Mos. Days | 2146-W. | ural, give location) | 84 |
| 3 | 5. | Mar elle | SINGLE, MARRIED, VIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | | ths Days Hours Min. |
| learly | 10 work | | KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | reign country) | 12. CITIZEN OF WHAT COUNTRY? |
| s of death cle | 13 | har macisT- Ret A | Rug Stope | 14. MOTHER'S MAIDEN NA | - /Y/d. | LLSA. |
| deat | _(| George - 6 - H | ludson | Lidia Fox | | |
| s of | (Yes | 5. WAS DECEASED EVER IN U. S. ARMED FOR 19, no or unknown) (Il yes, give war or dates of ser | rvice) 16. SOCIAL SECURITY NO. | Gertrude L. | | DRESS |
| causes | | 18. 443X | CAUSE | OF DEATH | 7,000,00 | INTERVAL BETWEEN ONSET AND DEATH |
| 0 | | DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy | Nesa | extensive a | rteriosclers | to 5 years |
| write th | | heart failure, asthenia, etc. It means the injury or complication which caused | e disease, | Similar Day | Cliseare | |
| 2 | z | ANTECEDENT CAUSES | (B) | aco o oference | | |
| Physicians: please | CATIO | DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST. | Y, GIVING | | | |
| iciar | TIFI | 11 . | | | | |
| Phys | CER | OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OBATH, BUT NOT TO THE OISEASE OR CONDITION CAU | RELATED | | | |
| 1 | CAL | 19a. DATE OF OPERATION 19B. N | MAJOR FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| mportant. | EDI | | 1B. PLACE OF INJURY (e.g., in ut home, farm, factory, street, office bldg., e | | f in Baltimore City, gi | ve exact location) |
| m. | Σ | 21D. TIME (Month) (Day) (Year) (Hou OF INJURY | WHILE AT NOT WHILE | | OCCUR? | |
| ecial | | 22. I hereby certify that I attende | m. WORK AT WORK | 7. / 1957, to F | 15, 18 , 1951 | that I last saw the |
| 8 | | deceased alive on Feb. 16, 19 | 51. and that death occur | rred at Z. A. m., from th | | e date stated above. 23c, DATE SIGNED |
| e ge | | Francis & Green | ulrice, M.O. | 4508 Edwards | on Vill. | 2/20/5/ or county) (State) |
| correct age | TIC | AA. BURIAL, CREMA- ON REMOVAL (Specify) | New Cotto | edpeal. Bai | timore - | Md. |
| corre | 0/12 | | GNATURE | 25. FUNERAL DIRECTOR | 1 13 | ADDRESS |
| | | VS 150 | Thursday ! | (Children | 2006 . 1200 C | 927 |
| | 1 | The second secon | 1366 | | | 12% |

Section with the second beauty Lake the March of the Control of the Control of

VS 150

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1572

| The | BIRTH NO. CERTIFICATE OF DEATH | |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | 1. NAME OF DECEASED RACHEL KIRSHNER 2. DATE OF DEATH FEB 21 195 | |
| supplied | 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. COUN | e sion) |
| | B. FULL NAME OF (If not in hospital or institution, give street address or DELAWARE HOSPITAL OR | |
| fully y. | (If outside corporate manual months with KORAL and | ship) |
| ie. | Yrs. D. STREET ADDRESS (If rural, give location) | |
| be H H | c. Length of stay in Baltimore Days 8 DATE OF BIRTH 9. AGE (In years If Under I Year I Y | |
| ping: | FEMALE White MIDERATED Wildow 30 last birthday) Months Days Hours | Min. |
| n shou | 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR INDUSTRY Work dope during most of working life, gen if retired) WHAT COUN | TRY? |
| information s of death cle | 13 FATHER'S NAME | |
| inform s of dea | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT | |
| 1 02 | (Yes, no or unknown) (If yes, give war or detec of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. | |
| cat | 18. / 70 X I CAUSE OF DEATH INTERVAL BETT | |
| E'S | (This does not mean the mode of dying, e.g., (A) Caycinoma, breas, advanced 3413 | |
| Ever write | heart failure, asthonia, ctc. It moans the discase, injury or complication which caused death.) DUE TO | |
| 4 | ANTECEDENT CAUSES Z | |
| INK | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO | ******** |
| ING ING | ONDERL'ING CONDITION LAST. | |
| UNFADING Physicians: | OTHER SIGNIFICANT CONDITIONS CON- | |
| UNI | TRIBUTING TO THE DEATH, BUT NOT RELATED DIAbetes Mellitus, Severe. | |
| WITH rtant. | | o 🗶 |
| 0 | 21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? | |
| LY, impo | 2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | |
| , a | OF INJURY WHILE AT NOT WHILE MORK MAT WORK | |
| Speci | deceased alive on 2-21-195, and that death occurred at 1951, to 2-21-1951, that I last said | |
| es | 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIG | |
| age W | 244/BURIAL, CREMA- 24B. DATE 24C/NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (S) | tate) |
| | Several 1-12-5/ Nomburity and Williams De | e. |
| PLEAS | DATE RECEIVED BY REGISTRAR'S SIGNATURE (25) FUNERAL DIRECTOR (ADDRESS LOCAL REGISTRAR'S SIGNATURE (25) FUNERAL DIRECTOR (25) | 0. |
| | THE TOTAL AND THE STATE OF THE | |

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1673

Registered No. 1. NAME OF DECEASED 2. DATE SOPHIE WINKELMANN OHRENSCHALL DEATH Feb. 19, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A Baltimore City, Maryland 106-W-University Pky. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) City of Baltimore Yrs. D. STREET ADDRESS (If rural, give location) B. DATE OF BIRTH

9. AGE (In years 1 Under I Year h Under 24 Nours Man)

1 Under I Year h Under 24 Nours Min. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) May 18, 1853 97
11. BIRTHPLACE (State or foreign country) White Widow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12 CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? NONE Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry H. P. Winkelmann Henrietta C. Bfegel 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. Miss Helen E. Ohrenschall 106 W. Univ. NONE NTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: jel artios chrosi H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS 19A. DATE OF OPERATION EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! AT WORK 22. I hereby certify that I attended the deceased from no 27, 1949 to Feb 19, 1951, that I last saw the deceased alive on Feb-19, 1951, and that death occurred at 9:30Pm., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

BURIAL, CREMA-

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

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TION, REMOVAL (Specify)

Loudon Park Cemetery

Baltimore, Md.

DATE RECEIVED BY

Feb. 21, 1951 REGISTRAR'S SIGNATURE

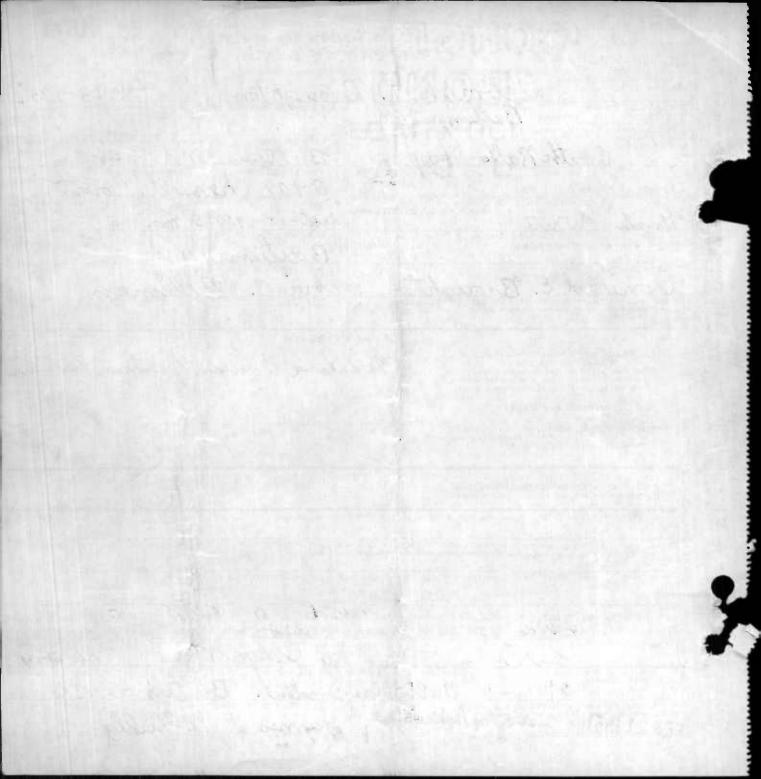
25. FUNERAL DIRECTOR

ADDRESS

Stewart & Mowen Company 108 W. North Av. Cit



| | 51 1674 BALTIMORE CITY HE. | | 51 1674 |
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| | 4 / | | Registered No. |
| | BIRTH NO. 50-20344 CERTIFICATE | OF DEATH | Registered No. |
| | 1. NAME OF DECEASED Deborah L. B. | ou ahton. 2 | DATE OF LUT. 18-1951 |
| | 3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md | 4. USUA RESIDENCE (Where A. STATE | e deceased lived, If institution : residence B. COUNTY before admission) |
| | B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) | | |
| . | INSTITUTION South Ballo-9+05D. | c. CITY OR TOWN (If out | ride corporate limits, write RURAL and give |
| 7 | Yrs. | D. STREET ADDRESS (If rurs | l, give location) |
| Tar. | c. Length of stay in Baltimore | 3409 Ches | sell, Court. |
| 1 | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 1 4 | AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours: Min. |
| | Temale White | | mos 5 |
| | 10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign | 12. CITIZEN OF WHAT COUNTRY |
| 5 | 13. EATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 77100 |
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| 7 1 | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uokoown) (fryes, give wor or dates of service) SECURITY NO. | 17. INFORMANT | ADDRESS |
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| any | m. WHILE AT NOT WHILE | | |
| ecia | 22. I hereby eertify that I attended the deceased from Ful | -16 , 151/to Fel | . 18 _, 1957, that I last saw the |
| 0 | deceased alive on + 16. 16, 1957 and that death occurr | red at 12.304 m., from the | causes and on the date stated above |
| | 23A. SIGNATURE July Miles | 3B. ADDRESS LARGE | aup 23c. DATE SIGNED |
| 20 | 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER | RY OR CREMATORY 24D. LOCA | TION (City, town, or county) (State) |
| 122 | Burial 1/2/15! Ballimore. | Cemetery. Ba | Climore Md. |
| correct | DATE RECEIVED BY REGISTRAR'S SIGNATURE | Fames of 9 | 1SC. OL |
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| | NAME OF DECEASED Nicholas S | 7an 2/0 | | 2. DATE OF DEATH | 2-21-5-1 |
| A | Baltimore City, Maryland 1000 Cate | al. | 4. USUAL RESIDENCE | (Where deceased lived. B. COUNTY | If institution : residence before admission |
| | FULL NAME OF (If not in hospital or institution, give OSPITAL OR | e street address or location) | c. CITY OR TOWN | (If anteido anymerato lin | nits, write BURAL and give |
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| 1 | | Yrs. | O. STREET ADDRESS | (If rural, give location) | |
| C | Length of stay in Baltimore | Mos. Days | 4631 Co | Lonovola | mari |
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| 1: | 3. FATHER'S NAME | Const. | 14. MOTHER'S MAIDEN | NAME | TO V |
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OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

(If in Baltimore City, give exact location) 21c. WHERE DID

INJURY OCCUR?

20. AUTOPSY?

21A. ACCIDENT, SUICIDE. (Specify) HOMICIDE

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT

m. WORK AT WORK 1950 to

22. I hereby certify that I attended the deceased from. and that death occurred at 5:00 m. deceased alive on. 23B. ADDRESS 23A. SIGNATURE

195%, that I last saw the from the causes and on the date stated above. 23C. DATE SIGNED

24B. DATE

24A. BURIAL CREMA-TION, REMODAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

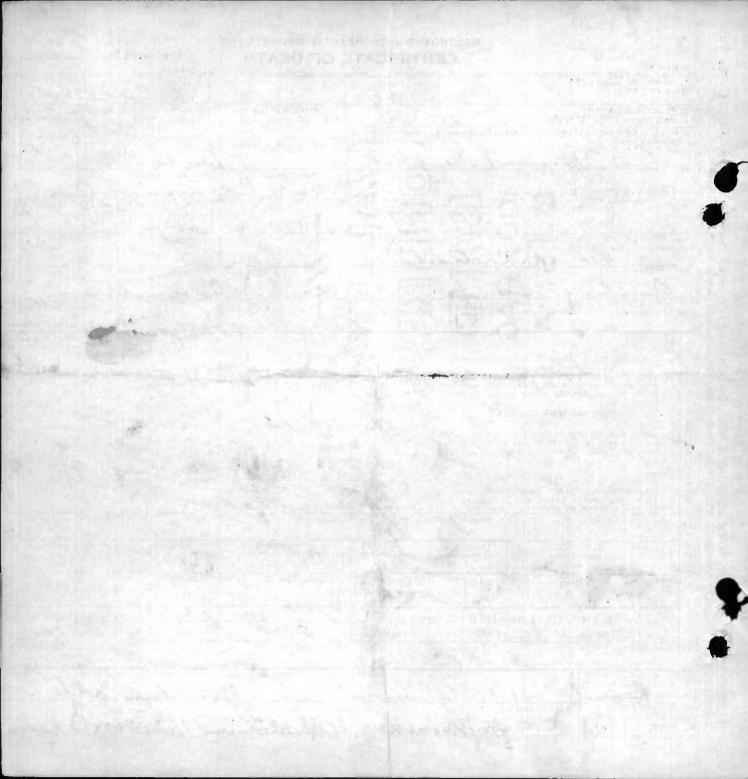
City, town, or county

DATE RECEIVED LOCAL REGISTRAR DATE RECEIVED BY

25. FUNERAL DIRECTOR

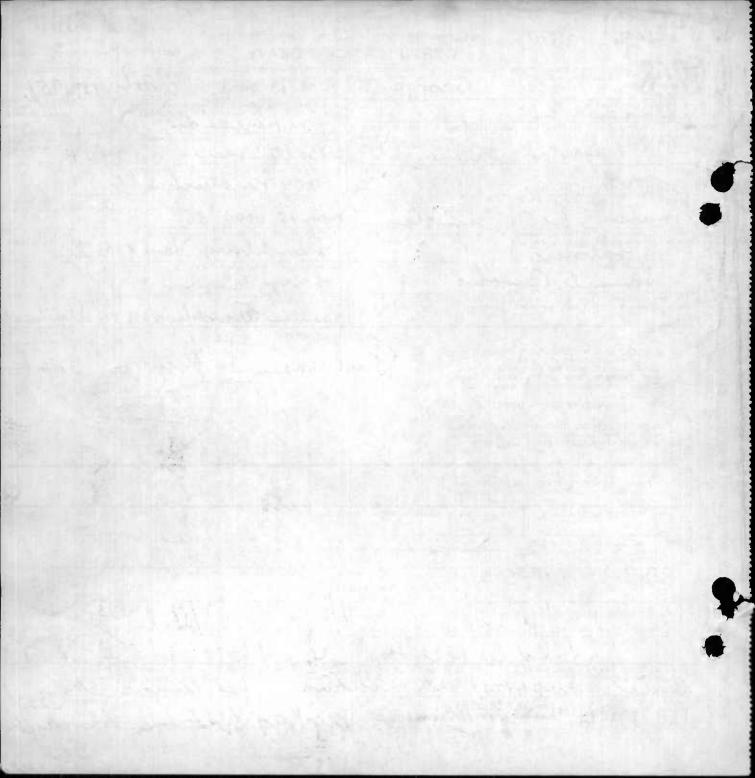
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51 1676 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE George Clavon (Type or Print) Brooks DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION ou 1 Yrs. D. STREET ADDRESS (If rural, give location) Mos. n. Stricker c. Length of stay in Baltimore Days 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. sur gle -15 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work dune during man of warking life, even if retired) INDUSTRY ar. 1-a voice. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME amere 15, WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war nr dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 002 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C). Ü Ī. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERō about home, farm, factory, street, nffice bldg., etc.) **INJURY OCCUR?** LYING OR CONTRIBUTING CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from. 195/. to. , 191 I, that I last saw the L, and that death occurred at 5 deceased alive on-L. m., from the causes and on the date stated above. 23A. SIGNATURE 23B ADDRESS 23C. DATE SIGNED PLEASE W 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAG VS 150

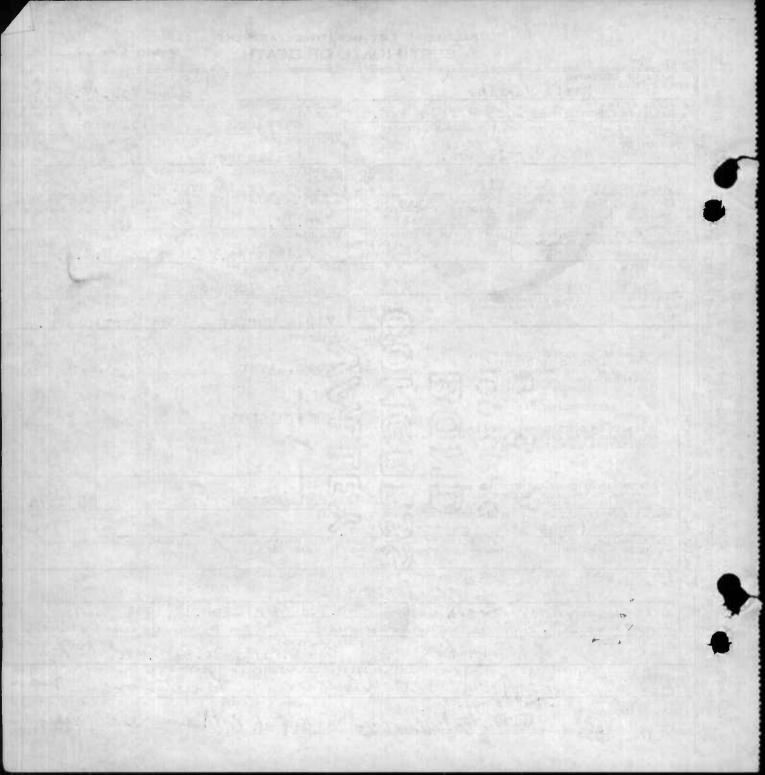


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BALTIMORE CITY HEALTH DEPARTMENT

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| D. L. U.L. | 10/1 |
| Registered No | |

| BIF | RTH NO. | | | CERTIFICATI | OF DEATH | | |
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| | NAME OF D | ECEASED | | | | 2. DATE | |
| (13 | vpe or Print) | Mamie Hay | ris | | | DEATH F | eb.17,1951 |
| 3. | PLACE OF DI | EATH: City, Maryland 10 | 05 MV | rtle Ave. | 4. USUAL RESIDENCE (| Where deceased lived B. COUNTY | |
| B. F | FULL NAME | OF (If not in hospital | al or institut | ion, give strect address or | Maryland | Balt | imore |
| | SPITAL OR STITUTION | | | location) | C. CITY OR TOWN | If outside corporate l | mits, write RURAL and give |
| 01 |) | 1005 Myrt | le Av | e. | Baltimore | | /- 0 2 township) |
| | | | | Yrs. Mos. | D. STREET ADDRESS () | |) |
| | | tay in Baltimore | Life | Days | 1005 Myrtle | | |
| 5. | SEX F | 6. COLOR OR RACE | WIDOV | E. MARRIED, VED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | Months Days Hours Min. |
| 10/ | Ana | CUPATION (Give kind of | | eparated or business or | Jan. 12, | foreign country) | 12. CITIZEN OF |
| | done during most o | f working life, even if retired) | 108. 11142 | INDUSTRY | | | WHAT COUNTRY? |
| 13 | housew. | | | | Baltimore, | Ma. | U.S.A. |
| 10. | | | | The state of the s | | | |
| 15 | | Harris D EVER IN U.S. ARMED | FORCEC | 1 16. SOCIAL | Mary John | ison | |
| (Yes, | , no or unknown) | (If yes, give war or date | of service) | SECURITY NO. | 17. INFORMANT | | ADDRESS |
| 1 | VO I | | | ? | Viola Murray | 1005 M | vrtle Ave. |
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| | OF INJURY | | m. | WHILE AT WORK | | | |
| | 22. I horeh | n certify that Latt | | | b.9,19519 , to F | eb.17.195 | that I last saw the |
| | deceased al | live on Feb. 17. | 1951 | and that death occur | red at 8A m., from | the eauses and o | n the date stated above |
| | 23A, SIGNAT | | 10 | | 38. ADDRESS | | 230 DATE SIGNED |
| | 1964 | 91 111 | one | M. D. | 844 N.Carey | St.Balt.Mo | 1. 2/19/51 |
| 24 | A. BURIAL, ON REMOVAL (8 | REMA- 248 DATE | | 24c. NAME OF CEMETE | RY OR CREMATORY 24D. | LOCATION (City, to | own, or county) (State) |
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BALTIMORE CITY HEALTH DEPARTMENT

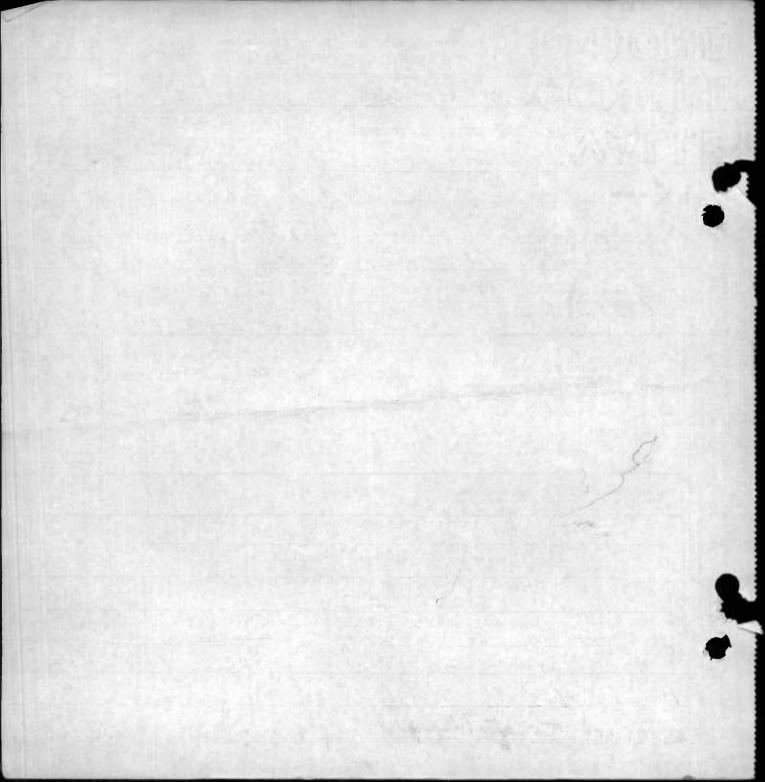
CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LOUIS HOLLAND OF Feb. 20, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF US Marine Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Wyman Pk. Drive & 31st St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location)
521 N. Carrollton Avenue Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) Il Under 1 Year [Iast birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 2/18/93 col information shoul s of death clearly 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Baltimore, Md. Edgewood Arsenal Chemical operator USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Holland Sophia Turner 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Records- US Marine Hosital, Balto, Md. Yes USA - 1918 Every item of i INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Coronary arteriosclerosis with Unknown left ventricular hypertrophy and heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO congestive failure. ANTECEDENT CAUSES UNFADING INK. Physicians: please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER shout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK Feb. 19 1951 to Feb. 20 , 19 5] that I last saw the 22. I hereby certify that I attended the deceased from. .1931, and that death occurred at 5 : 15 Am., from the causes and on the date stated above, deceased alive on. 23A. SIGNATURE 23c. DATE SIGNED John L. Wilson, Medical US Marine Hospital, Balto, Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 24C. NAME OF CEMETERY DR CREMATORY DIRECTOR DATE RECEIVED BY

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| The | BI | 51. 1679 BALTIMORE CITY HEA | 5 | 573 |
| - 77 | | NAME OF DECEASED annie Hollis | 2. DATE OF DEATH 2/20/5 | 7 |
| supplied. | A. | . PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution; A. STATE B. COUNTY before | residence e admission) |
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| leg | C. | Length of stay in Baltimore and Mos. Days | o. STREET ADDRESS (If rural, give location) 4 L. Christy St. | |
| y y | | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) | 1/27/1931 last birthday) Months Days | |
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| of info | 15 (Yes | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | Charles Coot 871 Boya | 1st. |
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| UNFADING INK. Physicians: please | SATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. | | |
| VFADII | ERTIFIC | | | |
| hed | L CE | TO THE DISCHART OF CONTRIBUTION OF THE | ATION 20. A | UTOPSYT |
| r, WITH portant. | EDICA | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg, et | or 21c. WHERE DID (If in Baltimore City, give exact le.) INJURY OCCUR? | No Location) |
| P _M | M | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY | | |
| I pecial | | 22. I hereby certify that I attended the deceased from ~ | 11 45195/ to 2 / 20 , 195/, that I le | |
| | | deceased alive on 2 / 19, 19, and that death occur. | | re signed |
| W ese | 2 | 4A. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMSTER | RY OR CREMATORY 240. LOCATION (City, town, or county) | (State) |
| ASE ect a | TI | 14A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMPTER 10N. BEMOVAL (Specify) 2/24 5/ Williams | burn Baltimore" | nut |
| PLEASE W | | OATE RECEIVED BY REGISTRAR'S SIGNATURE | 25 FUNERAL DIRECTORY ADDRESS | Barre |
| | = | VS 150 VS 150 | 10 | 8 2 |
| | | | | |

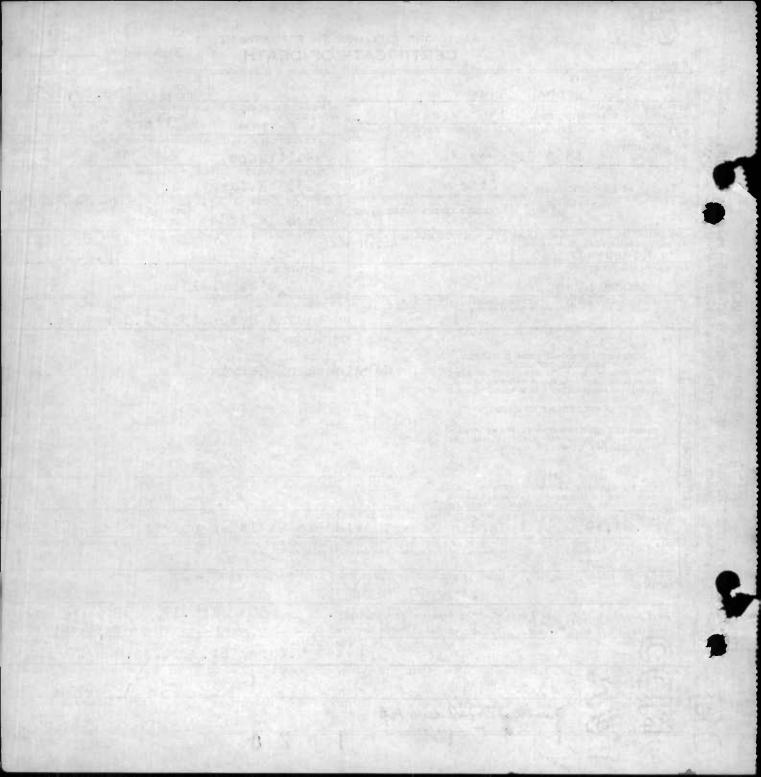


| 5.4 | 1680 |
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| 51. | TOCH |

BALTIMORE CITY HEALTH DEPARTMENT

| 2 | _00 5 | 1. 1680 | | | ALTH DEPARTMENT | 51 Registered No | 1680 |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------|----------------------------|--------------------------------------------------------------------|---------------------------------|--------------------------------------------------------|
| ВП | BIRTH NO. CERTIFICATE | | | | - OF DEATH | Registered Ne |) |
| | 1. NAME OF DECEASED (Type or Print) | | | | | 2. DATE OF DOL | 10 1051 |
| 3. | PLACE OF DEATH: | | | | 4. USUAL RESIDENCE (W | | o.19,1951 |
| _ | A Baltimore City, Maryland 1363 N.Carey St. B. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 1363 N.Carey St | | | | A. STATE Md. | Baltimore | before admission) |
| HC | | | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give | | |
| Ď | | | | | Baltimore 5-0 township) | | |
| - | Length of stay in Baltimore Life Yrs. Mos. Days | | | | D. STREET ADDRESS (If rural, give location) 1363 N.Carey St. | | |
| 5. | F. | 6. COLOR OR RACE | 7. SINGLE, MARE WIDOWED, DIV | | March 14,1884 | | ndor I Year I if Under 24 Hours the Days Hours Min. |
| ork | doneduring most | CUPATION (Give kind of working life, even if retired eWife | 108. KIND OF BU | SINESS OR INDUSTRY | 11. BIRTHPLACE (State or for Md. | | 2. CITIZEN OF WHAT COUNTRY? |
| 13 | . FATHER'S | | | | 14. MOTHER'S MAIDEN NA | | , D . A . |
| | John Dyson | | | 1 | Luisa Williams | | |
| 15 Yes | . WAS DECEASI | ED EVER IN U. S. ARME (If yes, give war or dat | FORCES? 16. SOCIAL SECURITY NO. | | 17. INFORMANT | AD | DRESS |
| | No | | | | Louisa Dyson | 1363 N.Car | ey St. |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES | | | | noma of Cervix | | ONSET AND DEATH |
| ICATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | | | | | |
| RTIFIC | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT. | | | | | | |
| CER | | | | | | | |
| | 19A. DATE C | F OPERATION | 198. MAJOR FINDI | | | | 20. AUTOPSY? |
| CAL | Apr.27 | NT. SUICIDE. | 21B. PLACE OF | | | pelvis f in Baltimore City, giv | YES NOX |
| EDIC | HOMICIDE | (Specify) None | about home, farm, factor | y, street, office bldg., e | | | |
| Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE NOT WHILE | | | | | | |
| | 22. I hereby certify that I attended the deceased from Aug., 1950, to Feb. 19, 151, that I last saw the | | | | | | |
| | deceased alive on Fe. 18 1951, and that death occurred at m., from the causes and on the date stated | | | | | | date stated above. |
| | 23A, SIGNA | TURE MEDE | nales | M. D. 2 | 844 N.Carey St | .Balt.Md. | 2/20/51 |
| 24 | AA/ BURIAL/ CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State of Removal (Specify) 2/2 2/51 . Lt Pells Ballo Md | | | | | | |
| LC | FFB 2 | RAR 1951 | SAGNAPHE OF | MAR. | 25. FUNERAL DIRECTOR | elson | ADDRESS |
| | VS 150 | · ** 47/2 | 10 70 82 1 83 876 | Aprillo | 1671X | 2000 to | 0 A |

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MARGIN

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MARGIN RESERVED FOR BINDING

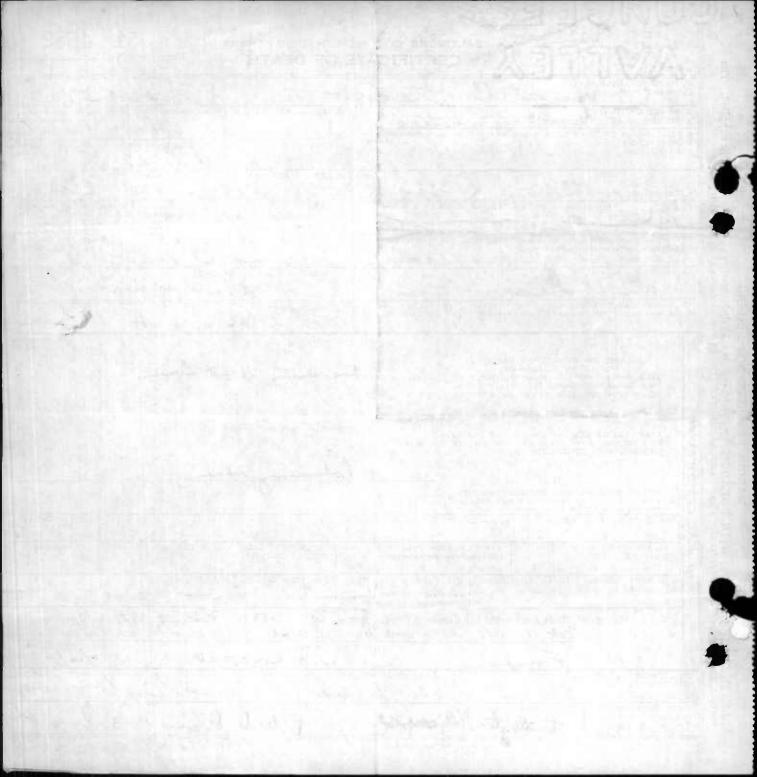
STRAUB

BALTIMORE CITY HEALTH DEPARTMENT

| 51 | 1682 |
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| | |

| The | BI | CERTIFICATE | OF DEATH | Registered No. |
|----------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------|
| | 1. (T | Type or Print) Joseph C. Stran | K | OF 2/19/51 |
| supplied | A. | Baltimore City, Maryland 11/6 Dattery | | deceased lived. It institution: residence before admission) |
| lly sı | H | B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NSTITUTION | C. CITY OR TOWN (If outside | e corporate limits, write RURAL and give |
| groly. | | Yrs. Mos. | D. STREET ADDRESS (If rural, | give-location) |
| be and le | _ | 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9. A | GE (In years 1 Under 1 Year 11 Under 24 Hours ast birthday) Months: Days Hours Min. |
| sho | 10 | ICA, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR | 3 2 7 880 III. BIRTHPLACE (State or foreign | country) 12, CITIZEN OF |
| ion s | 6 | ork (labed yriog most of working life, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME | Frefernace 14. MOTHER'S MAIDEN NAME | md WHAT COUNTRY? |
| information shos of death clearl | (| Charles Strant | Elin ahen | schren |
| em of info | (Ye | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO. | my g. e Ste | and Joness Jame |
| INK. Every it | ATION | DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE (A) CAUSE (C) CAUSE (C) (A) (A) (B) (B) (B) (CAUSE (C) (A) (A) (DUE TO ANTECEDENT CAUSES (B) (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | DE DEATH | ONSET AND DEATH |
| UNFADING Physicians: | TIFIC | (c) | Pulmany adam | |
| UNF | CER | TO THE DISEASE OR CONDITION CAUSING IT. | O | |
| 1 | CAL | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA | | 20. AUTOPSY? |
| Y, WITH | MEDI | HOMICIDE (Specify) about home, farm, factory, street, office bldg., e | | Baltimore City, give exact location) |
| 9 | 4 | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK | 2 IF. HOW DID INJURY OCC | CUR? |
| re Pespecia | | deceased alive on Fal. 19, 1951, and that death occur | red at 7:26m from the ca | uses and on the date stated above. |
| WALTE esi | | | 38. ADDRESS | 23c. DATE SIGNED |
| ASE ct age | M | 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER | TY OR CREMATOR 0240 KOCAT | Chie (City, town, or county) (State) |
| PLEAS correct | D, | DATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR | address 1318 Light |

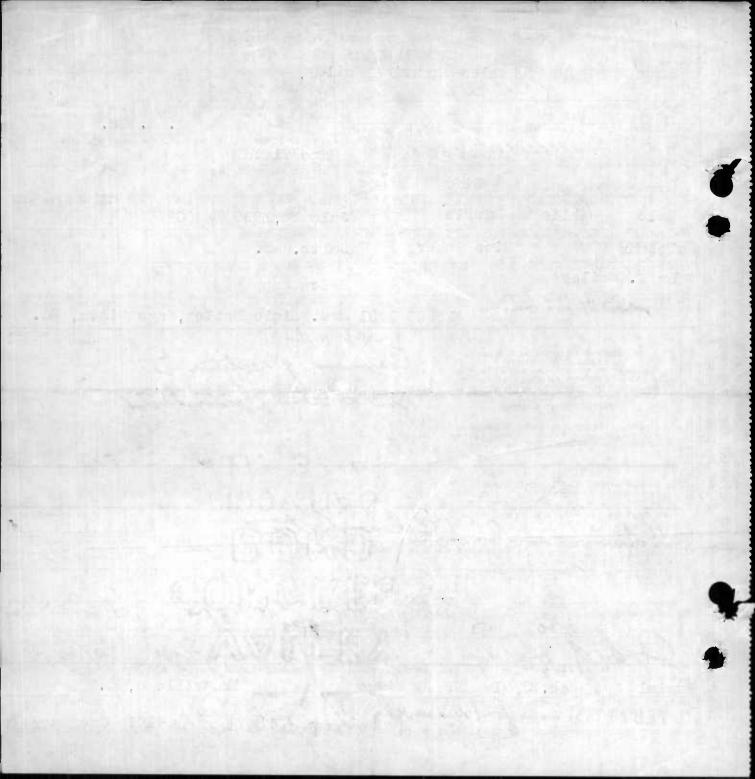
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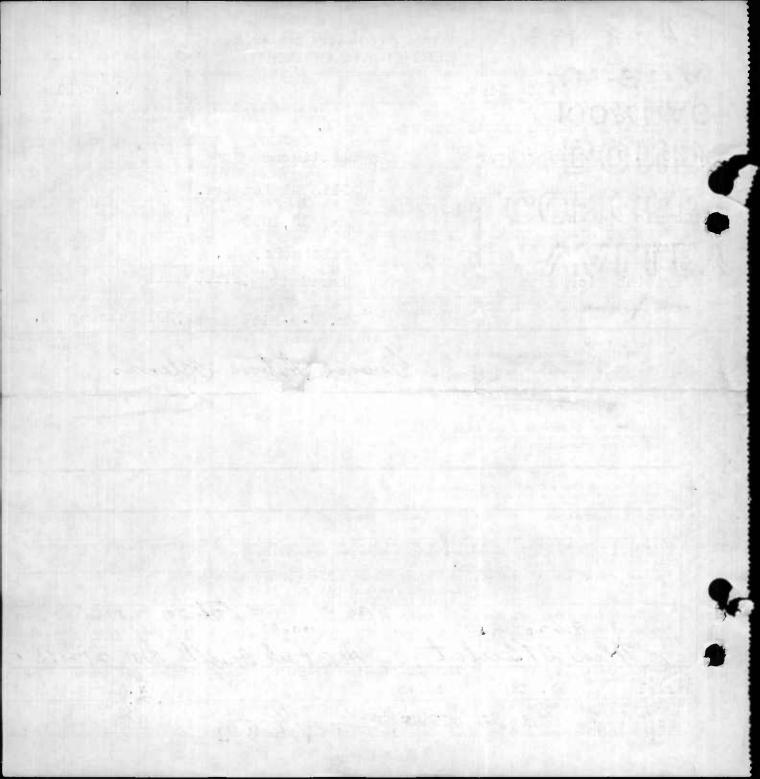


| 13 | 2 | E. | | |
|----|---|----|-----|---|
| 2 | 2 | 54 | 168 | 1 |

BALTIMORE CITY HEALTH DEPARTMENT

| 51. | 1684 |
|------------|------|
| gistered N | |

| BIRTH NO. | | CERTII | FICATI | E OF DEATH | neg | istered No. | |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------|-----------------------------------|------------------------|-------------------------|------------------------------|
| 1. NAME OF (Type or Print) | DECEASED Kate | Nicodemus | | | 2. DATE OF DEATH | Feb. 20/5 | 51 |
| | City, Maryland | | | 4. USUAL RESIDEN | | | : residence ore admission |
| HOSPITAL OR | oldspring | al or institution, give stree | location) | c. CITY OR TOWN Baltimore | (If outside corp | watelimits writekt | IRAL and giv township |
| 60 | stay in Baltimore | Life | Yrs. Mos. | o. STREET ADDRES | | cation) | |
| 5. SEX Female | 6.COLOR OR RACE | | | 8. DATE OF BIRTH May 13,1858 | 9. AGE (I | n years | Hours Min |
| OA. USUAL O | CCUPATION (Give kind of tof working life, even if retired) | None None | INDITETRY | 11. BIRTHPLACE (Sta Baltimore, | ate or foreign countr | | ZEN OF T COUNTRY |
| | Nicodemus | THE REAL PROPERTY. | | Harriett E. | | | |
| 15. WAS DECEA Yes, oo or uokoowe | SED EVER IN U. S. ARMEI (If yee, give wer or date | D FORCES? 16. SOCIA SECUE | | 17. INFORMANT | odemus, 20 | 1 Tuscany | Rd. |
| DISEAS | EEADING TO DEA's see not mean the mode of the complication which of anti-complication which of the complication which of the complication which of the complication which of the complication of the complicat | of dying, e.g., (A). In the discase, Laused death.) DUE TO SES (B) F ANY, GIVING STATING THE OUE TO | | al Hun | es Icle | rous | |
| M TRIBUTIA | II SIGNIFICANT CONDI IG TO THE OEATH, BUT OISEASE OR CONDITION | NOT RELATEO | | | | | |
| 19A. DATE | OF OPERATION | 9B. MAJOR FINDINGS | OF OPER | ATION | | 20. YES | AUTOPSY? |
| E ZIA. ACCI | DENT WAS UNDER- OR CONTRIBUTING | 21B. PLACE OF INJU about home, ferm, factory, stre | URY (e. g., in | or 21c. WHERE DIE | (If in Baltime | ore City, give exact | |
| 210. TIME OF INJUR | (Month) (Day) (Year | (Hour) 21E. INJURY | NOT WHILE | | NJURY OCCUR? | * | |
| 22. I here | by certify that I att | ended the deceased f | rom Tu | = 9 ,1957, | to Tel 20 | , 19. L _/that I | |
| deceased 23A. SIGN | live on the 20 | Subert | | red at 10.20 Am., f | Kerll- | | tated above |
| 24A. BURIAL, TION, REMOVAL Burial | Specify | 2/51 24c. NAME C | | The second second second | Edmondson | Ay &Long | |
| DATE RECEIV LOCAL REGIS | TRAR | S SIGNATURE | MARTA | 25. FUNERAL DIRECTION | // | Edmondsor | |
| VS 150 | | D LO TALL STREET | 5 & | 1 | / 6 | | 2 12 |

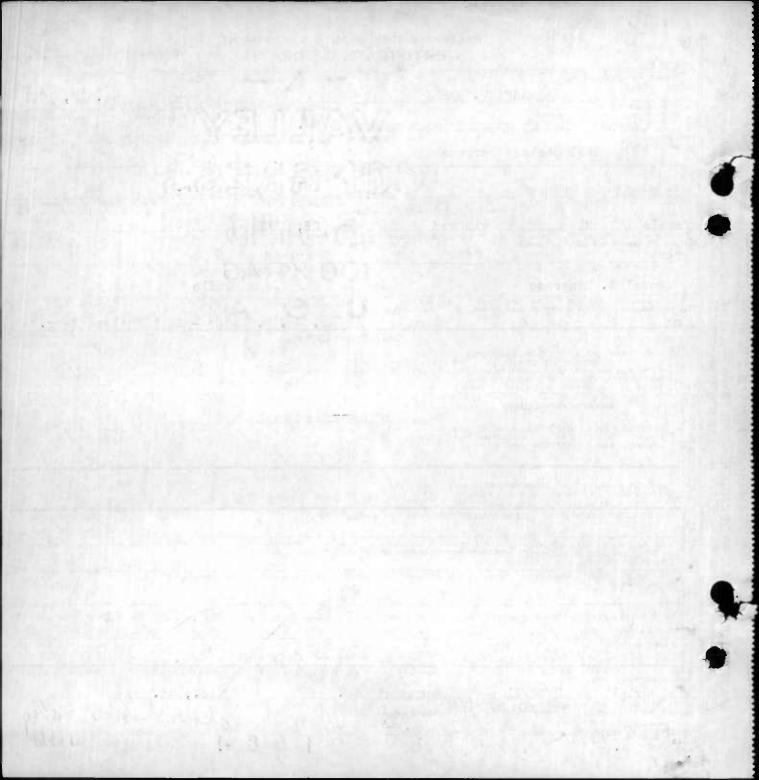


| В | GIRTH NO. | | | | OF DEATH | Registere | ed No. |
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| | . NAME OF I | DECEASED MQU | rice A. | Richa | Hoson | 2. DATE OF DEATH | 6.20,1951 |
| | . PLACE OF E | City, Maryland | | | 4. USUAL RESIDENCE A. STATE | (Where deceased lived | |
| | FULL NAME | | tal or institution, give | street address or location) | c. CITY OR TOWN | (If outside componer) | imits, write RURAL and giv |
| 11 | OSPITAL OR NSTITUTION | 201 Edge | vale Ko | ad | Balto. | 27- | township |
| | | | | Yrs. Mos. | D. STREET ADDRESS | |) |
| | . Length of | stay in Baltimore | | Days | 201 Edgeva | | |
| 3 | Male | 6 COLOR OR RACE | WIDOWED, DIV | ORCED (Specify) | 8. DATE OF BIRTH | | Months Days Hours Min |
| | | CCUPATION (Givekind of | | JSINESS OR | Aug. 26, 1895 | or foreign country) | 12. CITIZEN OF |
| vor | Comptr | of working life, even if retired) | Departmen | t Store | Indianapolis | | WHAT COUNTRY |
| 13 | 3. FATHER'S | | | | 14. MOTHER'S MAIDEN | NAME | |
| 15 | Unknow | ED EVER IN U.S. ARME | D FORCES 1 10 C | = | Unknown | | f [} |
| (Ye | was becease, no or unknown | (If yen, give war or date World War | | ECURITY NO. | Mrs. M. A. R | ichardson - | ADDRESS 201 Edgevale Rd |
| | (This doe | es not mean the mode | of dving, e.g., | | -onatu Di | | |
| RTI | DISEASE RISE TO UNDERL | Lure, asthenia, etc. It ments are complication which and an are complication which an are complication which are complication and are complicated as a complication and are complicated as a complication and complication and complication are considered. | ans the disease, eaused death.) SES IF ANY, GIVING STATING THE DISEAST. ITIONS CONNOT RELATED | (A)(B)(B)(C)(C)(C) | | | |
| ERTI | DISEASE RISE TO UNDERL OTHER TRIBUTIN TO THE | E COMPLICATION WHICH ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A), YING CONDITION L. SIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION | ans the disease, eaused death.) SES IF ANY, GIVING STATING THE DISEAST. ITIONS CONNOT RELATED | (B) (E) (C) | | | 20. AUTOPSY? |
| DICAL CERTI | OTHER TRIBUTION TO THE COMMENTAL STATE OF THE | ES OR CONDITIONS, IT THE ABOVE CAUSE (A), YING CONDITION L. SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION | ans the disease, eaused death.) Di SES IF ANY, GIVING STATING THE DI AST. ITIONS CON- NOT RELATED CAUSING IT | (B) (E) (C) | TION | | 20. AUTOPSY7 YES NO |
| DICAL CERTI | OTHER TRIBUTING 19A. DATE OF UNDERLYING UTING 1 | E CAUSE WAS NAL CAUSE OF DEATH. (Month) (Day) (Year, | ans the disease, eaused death.) Disease if ANY, GIVING o STATING THE DISEASE. ITIONS CONNOT RELATED CAUSING IT | JE TO (B) | TION 21c. WHERE DID INJURY OCCUR? | (If in Baltimore Cit | YES NO |
| DICAL CERTI | OTHER TRIBUTIN TO THE CONTROL OF INJURY | E CAUSE WAS NAL CAUSE OF DEATH. (Month) (Day) (Year, | ans the disease, eaused death.) DI SES IF ANY, GIVING STATING THE DI AST. ITIONS CONNOT RELATED CAUSING IT | JE TO (8) JE TO (C) NGS OF OPERA INJURY (e. g., in a ry, street, office bldg., etc.) JURY OCCURREI NOT WHILE AT WORK | TION 2 Ic. WHERE DID INJURY OCCUR? 2 1F. HOW DID INJU | (If in Baltimore Cit | yes No Ety, give exact location) thereon and from |
| DICAL CERTI | OTHER TRIBUTING OF INJURY 21A. EXTER UNDERLYING OF INJURY 22. I certification of the evand december of the e | ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A). YING CONDITION L. SIGNIFICANT CONDITION L. SIGNIFICANT CONDITION L. SIGNIFICANT CONDITION CONDITION CONDITION CONDITION CONDITION CONTRIBUTION CAUSE OF DEATH. (Month) (Day) (Year ify that I took chartify that I took chart | ans the disease, eaused death.) SES IF ANY, GIVING STATING THE DEATH OF THE DEATH | JE TO (B) JE TO (C) NGS OF OPERA INJURY (e. g., in ry, atreet, office bldg., etc.) JURY OCCURREI NOT WHILE AT WORK INS described ab INSTRUCTION OF In | ove, held an | URY OCCUR? SPECTO Sy, Inspection or Inqui deceased died on de □, homicide □ | the day stated above, undetermined |
| MEDICAL CERTI | OTHER TRIBUTING OF INJURY 21A. EXTER UNDERLYIN UTING OF INJURY 22. I cert the evand d | SOR CONDITIONS, IT THE ABOVE CAUSE (A). SIGNIFICANT CONDITION L. SIGNIFICANT CONDITION L. SIGNIFICANT CONDITION CONDITION CONDITION CONDITION CONDITION CONTRIBUTED CAUSE OF CONDITION CONTRIBUTED CAUSE OF DEATH. (Month) (Day) (Year if yellow) if year and contributed | ans the disease, eaused death.) Disease death. ITIONS CONNOT RELATED | JE TO (B) JE TO (C) NGS OF OPERA INJURY (a. s., in ry, street, office blds., etc.) JURY OCCURRED NOT WHILE AT WORK INS described about the street of the street o | ove, held an quiry, find that said accident , suici 23B, CHIEF MEDICA MEDICAL INVESTIG | JRY OCCUR? SPECTO Sy, Inspection or Inqui deceased died on de [], homicide [LL EXAMINER | thereon and from the day stated above, undetermined |
| MEDICAL CE | OTHER TRIBUTING OF INJURY 21A. EXTER UNDERLYING OF INJURY 22. I certification of the evand d 23A. SIGNA | ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) LYING CONDITION L. SIGNIFICANT CONDITION L. SIGNIFICANT CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONTRIBUTED CAUSE OF CONDITION CONTRIBUTED CAUSE OF DEATH. (Month) (Day) (Year, Condition C | ans the disease, eaused death.) Disease death. ITIONS CONNOT RELATED | JE TO (B) JE TO (C) NGS OF OPERA INJURY (a. s., in ry, street, office blds., etc.) JURY OCCURRED NOT WHILE AT WORK INS described about the street of the street o | ove, held an quiry, find that said accident 23B. CHIEFT MEDICA ASSISTANT MEDICA ASSISTAN | JRY OCCUR? SPECTO Sy, Inspection or Inqui deceased died on de [], homicide [LL EXAMINER | thereon and from the day stated above 1, undetermined 1. 23c. DATE SIGNED Feb. 20/19/1 |

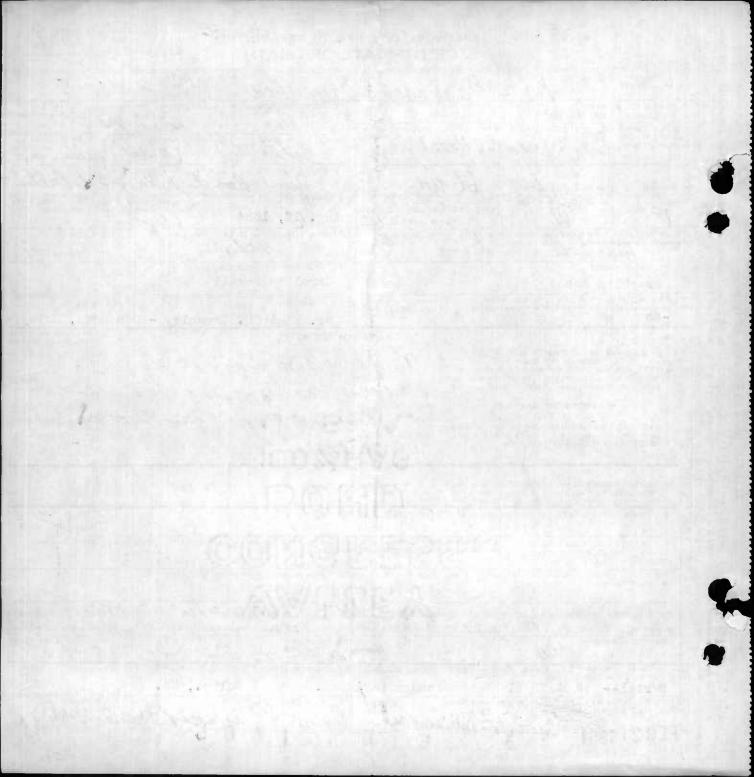
BALTIMORE CITY HEALTH DEPARTMENT

| Registered | No_ |
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| K | В | 175. | 1. 1 | 686 | ВА | | | EALTH DEPARTMENT | Registere | 51 1 d No | 686 |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|------------|--------------------------------|---------------|------------------------------------|---------------------------------|------------------|-----------------------------------|
| ed. The | 1. NAME OF DECEASED (Type or Print) 2. DATE OF | | | | | | | | Feb. 2 | 0. 1951 | |
| upplie | Α. | PLACE OF E | City, M | aryland | | | | 4. USUAL RESIDENCE (| | . If institution | |
| ully supplied. | H | FULL NAME OSPITAL OR ISTITUTION | | 1 Chelse | | | ress or | c. CITY OR TOWN (II | outside corporate li | mits, write l | RUNAL and give township) |
| yla | 0 | Length of s | stay in | Roltimore | | | Yrs. Mos. | o. STREET ADDRESS (If 2811 Chelsea | | | 0 |
| d b | 5. | SEX | 6. COL | OR OR RACE | WIDOV | E. MARRIED. VED, DIVORCED (| Days Specify) | B. DATE OF BIRTH | 9. AGE (In years last birthday) | | or H Under 24 Hours Hours Min. |
| sh | 10 worl | A. USUAL OC done during most | Whi CUPATI of working | ON (Give kind of | 10B. KINI | | OR JSTRY | 11. BIRTHPLACE (State or fo | oreign country) | | IZEN OF |
| NDING information s of death cle | | . FATHER'S | NAME | | no | ne | | Maryland 14. MOTHER'S MAIDEN N | AME | | |
| NG rma deat | | Samuel | B. Ri | ngrose | | | | Mary Jane Bid | ldle | | |
| BINDING of inform uses of dea | 15 (Ye | . WAS DECEAS | ED EVER | IN U. S. ARME , give war or date | D FORCES? | 16. SOCIAL SECURITY | NO. | 17. INFORMANT | | ADDRESS | |
| MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes | IFICATION | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | | | | | INTE | 5 years 4 mos. | | |
| MAI UNFA Physic | CERTI | TRIBUTING | G TO THE | CANT COND E DEATH, BUT OR CONDITION | NOT RELATI | infec | | bed sore on b | ack | | ut 2 mas |
| he l | AL | 19A. DATE (| OF OPER | RATION | 19B. MAJOR | FINDINGS OF | OPER | ATION | | 20 YE | S No |
| LY, WITH important. | 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING bout home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? | | | | | | | y, give exac | t location) | | |
| RITE | | m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from July 12, , 1950 to Feb. 20, 1950 hat I le deceased alive on Feb. 1,7951. and that death occurred at 7 2 m., from the causes and on the date ste | | | | | | | I last saw the stated above. | | |
| PLEASE T | TIC | Burial, ON, REMOVAL (S Burian ATE RECEIVE DOCAL REGIST VS 150 | pecify) | 2/8. DATE 2/22/ REG 51R | | M. 24c. NAME of CE | METE | RY OR CREMATORY 240. L | buely be | ADDRE | 0, |



| Bull | - | 5451. | 1687 | BAI | | | EALTH DEPARTMENT | | 1 1687 No. 1687 |
|--------------------------------------------------|-----------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|----------------------|----------------------------------------------------|----------------------------------|------------------------------------------|
| | (1 | Type or Print) | 1/10 | . 194 | MEARER | E. | Tronnley. | 2. DATE OF DEATH | 19-51 |
| ully supplied. | B. | Baltimore Cit | y, Maryland | ıl or institut | ion, give street add | lress or | 4. USUAL RESTENCE | B. COUNTY Relay, | before admission) |
| ully : | | SPITAL OR E | 3 on Secon | irs h | | cation) | C. CITY OR TOWN 2 | Goutside corporate limi | ts, write RURAL and give township) |
| It giblis | c. | Length of stay | y in Baltimore | 66 | bys. | Yrs. Mos. Days | D. STREET ADDRESS (If | rural give location) | M. I P DA |
| be | | F | COLOR OF RACE | | MARRIED, VED, DIVORCED (| (Specify) | 8. DATE OF BIRTH Aug. 18, 1884 | 9. AGE (In year) last birthday M | ff Under I Year on the Days Hours Min. |
| on sha | 1 C | k done during most of we | PATION (Give kind of orking life, even if retired) | at h | OF BUSINESS INDU | OR JSTRY | 11. BIRTHPLACE (State or f | oreign country) | 12. CITIZEN OF WHAT COUNTRY! |
| NDING information s of death cle | 13 | Franklir | | | | | 14. MOTHER'S MAIDEN N Caroline Duval | | |
| R BINDIN | 15 (Ye | . WAS DECEASED o, no or unknown) | EVER IN U. S. ARMED (If yes, give wer or dates | FORCES? | 16. SOCIAL SECURITY | NO. | 17. INFORMANT Mr. Edwin H. B | | ADDRESS Relay |
| ADING INK. Every iten cians: please write the ca | FICATION | (This does not heart failure, injury or co | EADING TO DEAT out mean the mode of asthenia, etc. It mean mplication which co NTECEDENT CAUS OR CONDITIONS, IF ABOVE CAUSE (A) IG CONDITION LAS | f dying, e. g is the diseas aused death ES ANY, GIVIN STATING TH | e,) DUE TO | ena Elli UZ | ca y A G | ine To | enlay- |
| MARGIN I UNFADING Physicians: p | CERTI | TRIBUTING TO | NIFICANT CONDITO THE DEATH, BUT I | NOT RELATE | D | | | | |
| | AL | 19A. DATE OF | OPERATION 1 | Эв. MAJOR | FINDINGS OF | OPER | ATION | | 20. AUTOPSY? |
| LY, WITH | MEDIC | | T WAS UNDER- CONTRIBUTING ATH | | CE OF INJURY ferm, factory, street, office | | | If in Baltimore City, | give exact location) |
| D.H. | 2 | 21D. TIME (Mo | onth) (Day) (Year) | | 21E. INJURY OC | CURRI WHILE | 21F. HOW DID INJUR | Y OCCUR? | |
| ITE especia | | 22. I hereby of deceased alive | | ended the | deceased from | occur | 75, 195/, to red at 1.05 p.m., from to 38. ADDRESS | | that I last saw the he date stated above |
| PLEASE W. | 2. TI | 4A. BURIAL, CREON, REMOVAL (Spec | MA- 24B. DATE Dify) 2/22/51 | | M. 24c. NAME of CE | METE | | COCATION (City, town | L 19-5-/ |
| PLE | D. | ATE RECEIVED I | REGISTRAR'S | SIGNATU W | | | 25 FUNERAL DIRECTOR | lener & Su | 10- ballo |
| | | 140 40 3 | 51 | | 7. S | C | 20 168 | Ď. | 99 |



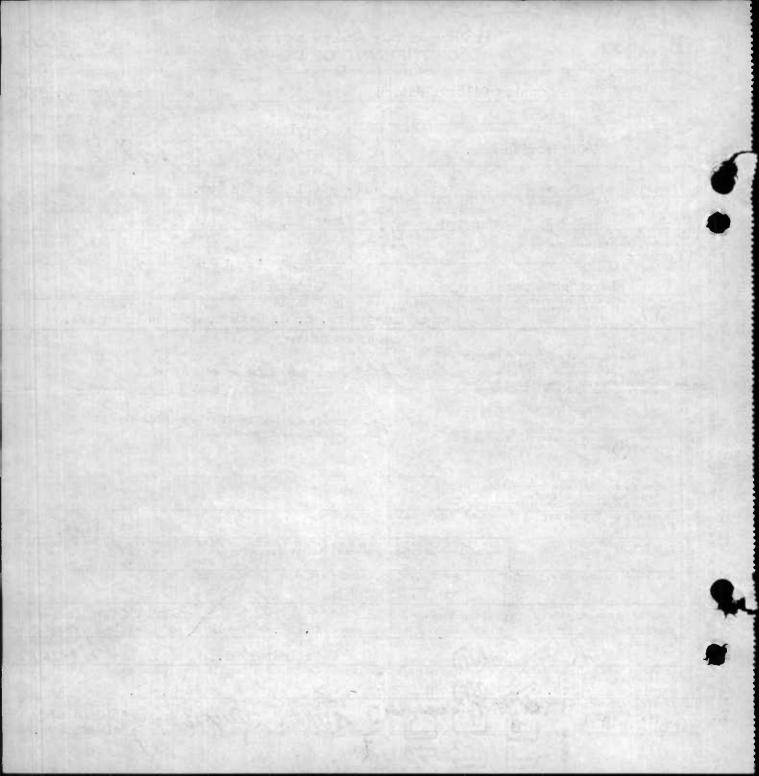
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| 3 | INK. Every item of information shore | ease write the causes of death clearly ad lear |
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| 1 | 168 | R | | | | EALTH DEPARTMENT | | ered No_ | 1 1688 |
| В | RTH NO. | | | | ERTIFICAT | E OF DEATH | regise | ered Mo- | |
| | NAME OF D | DECEASED | En | ma | Raus | one | 2. DATE OF DEATH | 2-20- | 51 |
| | Baltimore (| EATH: City, Maryla | nd 21 | M. Ca | renist | 4. USUAL RESIDENCE (| Where deceased I | | itution : residence before admission) |
| B. H | FULL NAME | OF (If not i | n hospita | or institution | give street address | | and f outside corpore | to lim v | Sta RULL and give |
| IN | OSPITAL OR | Samara | ten | Home | V | 1 Tal | timore |) - | township |
| c. | Length of s | stay in Baltin | nore | | 3√Yrs. Mos. Day: | 12716 Keals | f rural, give loca | e L | |
| 5(| (SEX) Memale | Hut | RACE | 7. SINGLE. | MARRIED, D. DIVORCED (Specif | S. DATE OF BIRTH | 9. AGE (In y last birthd | ears It Unda ay) Month | r I Year II Under 24 Hours B Days Hours Min. |
| 1 C worl | A. USUAL OC | CUPATION (Gi of working life, even | ive kind of if retired) | Jousen | F BUSINESS OR INDUSTR | 11. BIRTHPLACE (State or Virgin | | 12 | CITIZEN OF WHAT COUNTRY |
| | FATHERS | oleon o | 38 | Kinga | So | 14. MOTHER'S MAIDEN N | NAME | | |
| 15 (Ye | . WAS DECEAS | ED EVER IN U.S | S. ARMED ar or dates | FORCES 1 | 6. SOCIAL SECURITY NO. | Harrer & Paus | one 260 | 7 Wye | liffe Road |
| | 18. /] | 3 X | 1,50 | | CAUSE | OF DEATH | / | | ONSET AND DEATH |
| | (This does | SE OR COND LEADING To see not mean the cure, asthenia, etcomplication | O DEAT mode of c. It mear | H dying, e.g., is the disease, | (A) Caro | inoma of large bo | wel | | 3 years |
| | | ANTECEDEN | T CAUS | Es | | | | | |
| RTIFICATION | RISE TO | S OR CONDIT THE ABOVE CAU YING CONDIT | JSE (A) | STATING THE | (B) | | *************************************** | | |
| H | | 11 | | | (c) | | | | |
| CERI | TRIBUTIN | SIGNIFICANT G TO THE DEAT DISEASE OR CO | TH, BUT I | NOT RELATED | | | | | |
| _ | | OF OPERATIO | | | INDINGS OF OPE | | | | 20. AUTOPSY? |
| EDICA | 21A. ACCIDI HOMICIDE | ENT. SUICIDE (Specify) | | | E OF INJURY (e. g. a,factory,atreet, office bldg | | (If in Baltimore | City, give | exact location) |
| Σ | 21D. TIME OF INJURY | (Month) (Day |) (Year) | WHI | E. INJURY OCCUR | E | RY OCCUR? | | |
| | 22. I hereb | y certify the | t I atte | nded_the de | 7 | 1- ,,1950, to | 2-20- | , 19 51, | hat I last saw th |
| | deccased a | live on | M | PA 1 | d that death occ | urred at 1:45 Am., from 23B. ADDRESS | the causes an | | date stated above |
| | | 6 6 | | worth | (004 M.D. | 2431 Maryland Av | | 0 18 | 2-20-51 |
| 7 TI | Surial (S | CREMA- 24B. | DATE | 1951 24 | 4 1/1/V | res 240. | Patterno | y, town, or | county) (State) |
| | ATE RECEIVE | | STRAR'S | SIGNATURE | | 25 FUNERAL DIRECTOR | V// | 2011 | PRISS |
| 1 | EB 2.1.15 | 351 | N. A.S. | - I Hoteland | 4/18 | y wy of won | merel 4. | -044 | ingent All |
| 1 | VS 150 | | | | s Signed | 1 | | | 46E |

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| 2 | 50 1689 RTH NO. | BALTIMORE CITY HE CERTIFICATE | | Registered No | 1 1689 |
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| | NAME OF DECEASED Stanle | y Gilbert Hatton | | 2. DATE OF Februs | ry 20,1951 |
| A. B. | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital OSPITAL OR ISTITUTION 4601 Belvieu | or institution, give street address or location) | A. USUAL RESIDENCE (WA. STATE Maryland C. CITY OR TOWN (1) Baltimore | | stitution: residence before admission) |
| 5. | ale White | Life Yrs. Mos. Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married | d. STREET ADDRESS (If r 4601 Belvieu Av 8. DATE OF BIRTH June 27, 1899 | 9. AGE (In years last birthday) 51 yrs | nder I Year II Under 24 Hours he Days Hours Min. |
| 3 | A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) Commerce Agent FATHER'S NAME Alexander Bryso WAS DECASED EVER IN U. S. ARMED (11 yes, give war or dates of the control of the | FORCES? 16. SOCIAL SECURITY NO | Beltimore, Md. 14. MOTHER'S MAIDEN NA Elsie Poole 17. INFORMANT 17s. S. G. Hatton, | ME | 2. CITIZEN OF WHAT COUNTRY |
| TOWN TOWN THE WAY | DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which can ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS | dying, e. g., s the disease, used death.) ES ANY, GIVING STATING THE T. COMMON CON- | of DEATH Nery Ords Plusson | arteus. | ONSET AND DEATH |
| 1 | TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 191 | | ATION | | 20. AUTOPSY? |
| 1 | 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (OF INJURY) | WHILE AT NOT WHILE | tc.) INJURY OCCUR? | f in Baltimore City, giv | e exact location) |
| 2. | 22. I hereby certify that I attender deceased alive on 1-3-23A. SIGNATURE 4A. BURIAL, EREMA-24B. DATE ON, REMOVAL Specify, Burial Feb. 22,1 | 1951. and that death occur | red ato. 15A.m., from the 3B. ADDRESS 700 Cathedral St. RY OR CREMATORY 24D/LC | causes and on the Causes and (City, town, of timore, Md. | date stated above 23c. DATE SIGNED |
| | ATE RECEIVED BY PHOTS RES | | 25 FUNERAL DIRECTOR | - | ADDRESS 10 Liberty |



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BALTIMORE CITY HEALTH DEPARTMENT

| The T | 2 B |)J. J.000 | EALTH DEPARTMENT E OF DEATH | Registere | 51. 1690 |
|-------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------|----------------------------------------------|
| supplied. 7 | 3. | NAME OF DECEASED (Type or Print) Margaret D. Sichhorst PLACE OF DEATH: | 4. USUAL RESIDENCE (Whe | 2. DATE OF DEATH Orere deceased lived. | |
| ully supp | B. | Baltimore City, Maryland Balto, City FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION | | B. COUNTY | before admission) mits, write RURAL and give |
| full sibly. | 4 | South Baltimore General Hospital Yrs. Mos. | 1 01 1 | ral, give location) | township) |
| d b | | Length of stay in Baltimore Life Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Female White Harried | | AGE (In years | If Under 1 Year Munder 24 Hours Min. |
| ion sh | WOF | DA. USUAL OCCUPATION (Give kind of kdone during most of working life, even if retired) INDUSTRY FATHER'S NAME | Maryland | | 12. CITIZEN OF WHAT COUNTRY? |
| information s of death cle | 15 | Charles Fuler 5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL | Mary A. Banno | | ADDRESS |
| of of use | (10 | se, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. 470, / CAUSE | Hosp. Records OF DEATH | | INTERVAL BETWEEN |
| Every item write the car | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | n Coronay Ocelu Mujocurolial In | sem m | |
| INK. | ICATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | te Congestier! | Heart Four | lus 2 duys |
| UNFADING Physicians: p | CERTIFIC | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | |
| | CAL | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | | | YES NO |
| LY, WITH important. | MEDIC | 218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. | etc.) INJURY OCCUR? | | y, give exact location) |
| ð | | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE TH. WORK AT WORK | | | |
| TE | | 22. I hereby certify that I attended the deceased from 2 deceased alive on 2/20, 192 and that death occur | rred at 1:40 & m., from the | causes and on | the date stated above. |
| a WRITE | 24 | Martin C Marin purpus M.D. 1. | 238. ADDRESS 213 Hight Stree ERY OR CREMATORY 240. LOC | ATION (City, to | 23c. DATE SIGNED 20 SI |
| PLEASE correct a | D | ON REMOVAL (Specify) 2-23-1951 Holy Cros | | .Co. M | |
| E S | | VS 150 | Flynn & Flemin | 19 1426 | Light St. |

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| MARGIN RESERVED FOR BINDING | PLEASE TITE I. LY, WITH UNFADING INK. Every item of information she setully supplied. | correct agence especially important. Physicians: please write the causes of death clearly and legibly. |
| | U HI | ant. P |
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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

Registered No. 1692

| ВІ | BIRTH NO. 4 | | | | | | | |
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| 1. | NAME OF D | | | | | 2. DATE | | |
| (1. | pe or rrint, | Ann: | Le And | erson | | DEATH | Oth., 1951 | |
| A. | B. PLACE OF DEATH: Baltimore City, Maryland | | | 4. USUAL RESIDENCE (| - P COLINITY | stitution: residence before admission) | | |
| | B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) | | | | | | wait A GUDA1 1 | |
| IN | NSTITUTION REFLORD NUTSING HOME | | | Baltimore (I | f outside corporate limits, | township) | | |
| - | 4700 harford Road | | | | | | | |
| c. | Length of s | tay in Baltimore | | 60Yrs. Mos. Days | o. STREET ADDRESS (If I408 Aisquith | | | |
| 5. | SEX | 6. COLOR OR RACE | 7. SINGL | E. MARRIED. | 8. DATE OF BIRTH | 9. AGE (In years II U | der 1 Year If Under 24 Hours | |
| | Female | White | WIGO | | 4-4-1864 | 186 | . = - | |
| | done during most o | CUPATION (Give kind of of working life, even if retired) | | O OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or f | oreign country) | 2. CITIZEN OF WHAT COUNTRY? | |
| 12 | FATHER'S | | | | 14. MOTHER'S MAIDEN N | 14145 | | |
| 13 | . PAINER S | The second secon | Fisher | | Unknown | IAME | 1 | |
| 15 | . WAS DECEASI | D EVER IN U. S. ARME | D FORCES? | 16. SOCIAL | 17. INFORMANT | ADI | DRESS | |
| (Yes | NO or unknown) | (If yes, give wer or detail None | es or service) | None None | Mrs.Michael Sch | hilling-595I B | enton Heights | |
| | | 2,0110 | | | OF DEATH | | INTERVAL BETWEEN | |
| | 18. 47. | 2 / 1 | | | | 6 | ONSET AND DEATH | |
| | | SE OR CONDITION | TH | Con | desvascula | 2 X 10000 | 152115 | |
| | (This does | not mean the mode are, asthenia, etc. It me | of dying, e. | g., (A) | Lio Vascula terios dus Ti | 5 | 19714 | |
| | injury or | complication which | caused deat | h.) OUE TO | | 0 | | |
| ANTECEDENT CAUSES | | | | | norduous | 1 | 0-10/5 | |
| Z | (B) Kore | | | | nomusico | general | | |
| ATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | | | | | | | |
| S | UNDERLYING CONDITION LAST. | | | | | | The second | |
| RTIFIC | | | | (C) | | ************ | | |
| E | OTHER S | II SIGNIFICANT COND | ITIONS CO | IN. | | | | |
| Ш | TRIBUTING | G TO THE OEATH, BUT | NOT RELAT | rEO | | | | |
| U | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINIS 19B. | | | | RATION | | 20. AUTOPSY? | |
| A | | 0 | | | | | YES NO P | |
| EDICA | 21A. ACCIDE HOMICIDE | ENT. SUICIDE, (Specify) | 21B. PL about home | ACE OF INJURY (e. g., farm, factory, street, office bldg., | | (If in Baltimore City, giv | ve exact location) | |
| Σ | 210 TIME | (Month) (Day) (Year | (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID INJUR | Y OCCUR? | | |
| | OF INJURY | (Month) (Day) (lear |) (21041) | WHILE AT NOT WHILE | | | | |
| | | | m. | WORK AT WORK | / - / | 1-1- | | |
| | 22. I hereb | y certify that Lat | tended the | deceased from 19/ | 27/50,19 , to/0 | /19/8/,19_, | that I last saw the | |
| | deceased a | live on 10/19/1 | <u>/</u> , 19, | and that death occu | rred at 4 AM m., from | the causes and on the | date stated above. | |
| | 23A SIGNA | TUBE | - a | - | 23B. ADDRESS Bolok | Luc AS | 23c. DATE SIGNED | |
| M. U. T. T. C. COULT | | | | | | r county) (State) | | |
| Tie | Durial | 2-23-5I | | Cedar hill Cer | netery anna | polis Blyd Coun | | |
| D | ATE RECEIVE | D BY BEGISTEAR | SIGN | ØBE . | 25. FUNERAL DIRECTOR | | ADDRESS | |
| F | B P 1 | BAR | MIN / 144 | waste pright | George J.Ruth, In | e1755 Harror | u avenue | |
| | a last day | | | | 0 1 6 0 | - | | |

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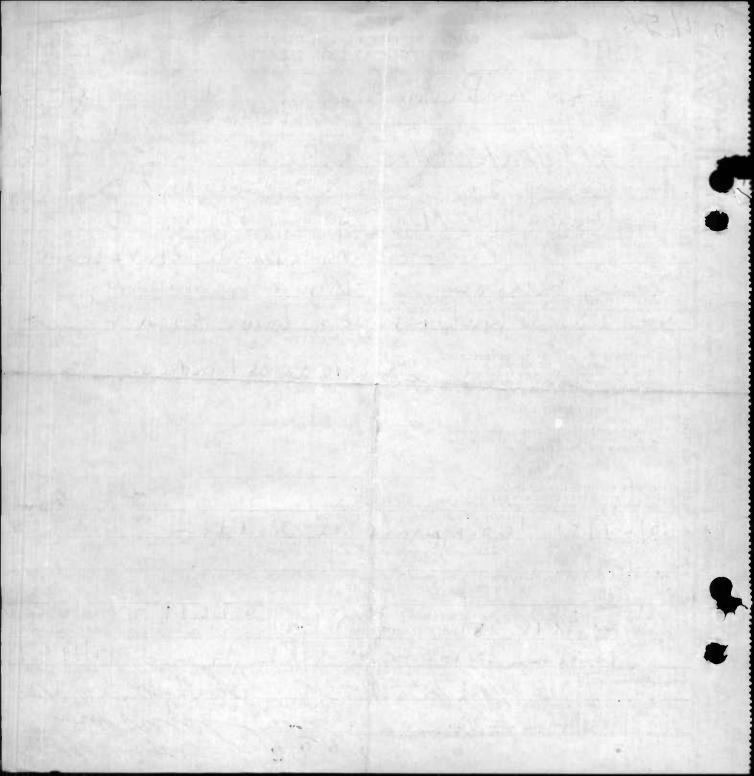
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51

1693 Registered No.

| | NAME_OF_DECEASED | 2. DATE . 4 |
|------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| (T | ype or Print) dowise Miller | DEATH FLER 20 # 1951 |
| Α. | PLACE OF DEATH: Baltimore City, Maryland 1606. N. Bradford M | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission |
| HC | FULL NAME OF (If not in hospital or institution, give freet address of location | |
| | STITUTION | Balto 6-0 township |
| | Yrs. Mos. | D. STREET ADDRESS (If rural, give location) |
| | Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SHIOLE, MARRIED. | 8. DATE OF BIRTH 9. AGE (In years If Under I Year Il Under 24 House |
| 4 | emale White Widows (Specify | May 137876 72 last birthday) Months Days Hours Min |
| 10 work | A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR logoduring most of working life, evec if retired) INDUSTR | 11. BIRTUPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| | FATHER'S NAME | Germany |
| 11 | Dr 0 | 14. MOTHER'S MAIDEN NAM |
| 15 | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL b, no or unknown) { (If yee, give war or dates of service) SECURITY NO. | 17. INFORMANT Q ADDRESS |
| (I e | s, no or unknown) (If yee, give war or dates of service) SECURITY NO. | 17. INFORMANT Miller 60th. Breedford 16 |
| | 18. 33/X CAUSE | OF DEATH NTERVAL BETWEE |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | Cerolino Hemenhas 12 hrs. |
| | (This does not mean the mode of dying, e.g., (A) | Y |
| | injury or complication which caused death.) DUE TO ANTECEDENT CAUSES | Cerebra Hemmhage 12hs. |
| Z | (B) | energy Certeur Cleur |
| TIC | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | |
| FIC/ | | |
| RTIF | OTHER SIGNIFICANT CONDITIONS CON- | |
| CEF | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| 1 | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE | |
| ICA | 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., | in or 21c. WHERE DID (If in Baltimore City, give exact location) |
| MED | HOMICIDE (Specify) about home, farm, factory, street, office bldg | r,etc.) INJURY OCCUR? |
| - | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY | |
| | m. WHILE AT NOT WHIL | |
| | 22. I hereby certify that I attended the deceased from deceased alive on 19, 1951, and that death occur | yer ., 1941, to 34 20, 1951, that I last saw the curred at 4 am., from the causes and on the date stated above |
| | 23A. SIGNATURE | 23B. ADDRESS 23C, DATE SIGNED |
| | Sceree Com M.D. | FRY OR CREMATORY 24D 1 OCATION (City, town, or county) (State) |
| 24 FH | A. BÚRÍAL, CREMA 24B. DATE 24C. NAME OF CEMET | ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) |
| | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR ADDRESS |
| FF | R 2 1 1951 | Les & level 1701-03, Mr Patt Park are |
| | VS 150 | 160. |

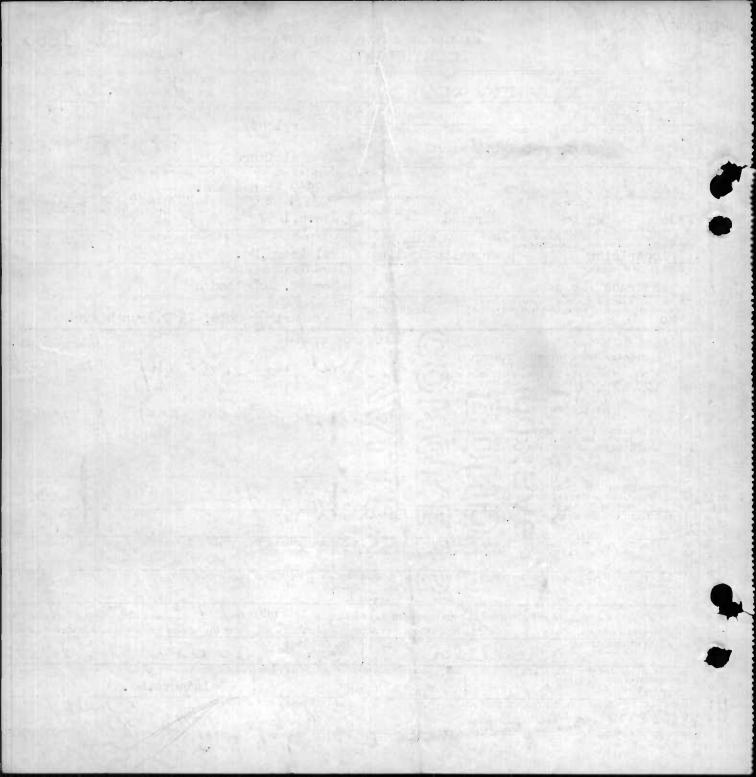
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| 1 3 | 100 | | BALTIMORE | CITY HE | EALTH DEPARTMENT | | | 1695 |
| BI | RTH NO. | | CERTI | FICATI | E OF DEATH | Register | ed No. | |
| | NAME OF D ype or Print) | | IPTON COLE | | | 2. DATE OF DEATH | Feb.19,19 | 51 |
| 3. | PLACE OF D | EATH: City, Maryland | | | 4. USUAL RESIDENCE (| | | residence re admission) |
| В. | A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) INSTITUTION 2560 W. Franklin Street | | | | Maryland | | | |
| | | | | Baltimore | If outside corporate | -00 | township) | |
| | | tay in Baltimore | | Yrs. Mos. Days | D. STREET ADDRESS (1) 2569 Arunah A | | | |
| | sex lle | White | 7. SINGLE, MARRIET WIDOWED DIVOR Married | | Jan.4, 1897 | 9. AGE (In year last birthday) | Months Days | H Under 24 Hours Hours Min. |
| | | CUPATION (Give kind of of working life, even if retired) | Center | NESS OR | 11. BIRTHPLACE (State or | foreign country) | 12. CITIZE | N OF |
| | Electric | ian | Franklin Boy | vling | Baltimore, Md. | | | |
| 13 | . FATHER'S | | | | 14. MOTHER'S MAIDEN I | | | |
| 15 | WAS DECEASE | ck Cole | FORCES? 16. SOCI | Λ1 | Dora E. McCullo | ougn | | |
| (Yes | No or nakoowa) | (If yes, give war or date | s of service) SECU | IRITY NO. | Mrs Arthur Col | Le, 2569 Ar | unah Ave. | |
| RTIFICATION | heart failt injury or DISEASE RISE TO 1 UNDERL | LEADING TO DEA a not mean the mode are, asthenia, etc. It men complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II BIGNIFICANT COND | of dying, e.g., ons the disease, caused death.) DUE T SES F ANY, GIVING STATING THE AST. (C) | . Acl | Perosis G | oronary | ms L | rans |
| CE | TRIBUTIN | G TO THE DEATH, BUT DISEASE OR CONDITION | NOT RELATED | | TEple W | cer | 45 | ar |
| 1 | 19A. DATE C | OF OPERATION O | 98. MAJOR FINDING | S OF OPER | RATION | | | UTOPSY? |
| EDICAL | 21A. ACCIDI HOMICIDE | ENT, SUICIDE, (Specify) | 21B. PLACE OF IN- about home, farm, factory, st | | | (If in Baltimore C | YES Lity, give exact I | ocation) |
| Σ | 21D. TIME OF INJURY | (Month) (Day) (Year | (Hour) 21E. INJUF | NOT WHILE | | | | |
| | 22. I hereb | y certify that I at | tended the deceased | from Lee | ue 1 , 1950, to | Feb 19 , 1 | 95/, that 1 l | ast saw the |
| | deceased a | live on tel 19 | _, 19.5/ and that | death becur | rred at 4 m., from | the causes and | on the date st | atcd above. |
| | 23A, SIGNA | TUBE | udelis | M. D. | 651 N Ben | talon | | TE SIGNED |
| 2. | 4A. BURIAL. | CREMAN 244. DATE Specify) | | | RY OR CREMATORY 24D. | LOCATION (City, t | own, or county) | (State) |
| TI | on, REMOVAL (S Burial | 2/22/5 | 1 Long | don Parl | k O I | Baltimore, M | d. | / |
| | ATE RECEIVE | | S SIGNATURE | | 25. FUNERAL PIRECTOR | 121957 | Toul & | T |
| - | VS 150 | 7 | 1- / Hill asked - As | | 60 | 63 | 1 | |
| 11 | | | CLAST MARKET | : 5 /5" | 86 | 4 | - 1 | 17a |



| 51 | 1696 BALTIMORE CITY HE | SALTH DEPARTMENT 51 | 1696 | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|--|--|
| BI | CERTIFICATI | E OF DEATH Registered No | 3.000 | | |
| (T | NAME OF DECEASED WHEN Print MARGARET HE WILL | | 000-0 | | |
| | PLACE OF DEATH: Baltimore City, Maryland Bottomre | 4. USUAL RESIDENCE (Where deceased lived, If in | stitution : residence before admissi | | |
| | FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) | ino 17 | 14 | | |
| IN | STITUTION | C. CITY OR TOWN (If outside corporate limited | write RURAL and a towns | | |
| , | butman Hospital of Md. | D. STREET ADDRESS (If rural, give location) | | | |
| C. | Length of stay in Baltimore Mos. Days | 1015 Roland Hugh | 0 | | |
| | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | 8. DATE OF BIRTH 9. AGE (In years) II Un | der 1 Year If Under 24 H | | |
| | WIDOWED, DIVORCED (Specify) | July 24. 1924 Last birthday) Mont | hs Days Hours M | | |
| 10 | A. USUAL OCCUPATION (Givekind of doneduring most of working life, even if retired) INDUSTRY | | 2. CITIZEN OF | | |
| OI M | industry at home | Maryland | WHAT COUNT | | |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | |
| | Ray W. Downin | Mollie Yeagle | | | |
| 15 Yes | . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT ADD | RESS Ave | | |
| | none | Mr. Leonard N. Wiles - 1015 R | coland Hgts | | |
| | 18. 414 CAUSE OF DEATH | | | | |
| | DISEASE OR CONDITION DIRECTLY | | ONSET AND OE | | |
| | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) LEADING TO DEATH (A) Curkral Embour (A) DUE TO | | | | |
| z | ANTECEDENT CAUSES | endiae munal thrombus | 5 ma | | |
| ATIO | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. | | | | |
| | my 2 mil | malic Heart Ossiane | csh | | |
| CERI | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | (inactive) | over | | |
| AL | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER | ATION | 20. AUTOPSY | | |
| EDIC | 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in about bome, ferm, fectory, atreet, office bldg., e | | | | |
| Σ | 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY OF INJURY OF INJURY OCCURRING INJURY OF WHILE AT WORK AT WORK | ED 21F. HOW DID INJURY OCCUR? | | | |
| | 22. I hereby certify that I attended the deceased from | 2, 18 . 1951, to 8 10, 20, 1951 | that I last saw | | |
| J | deceased alive on Fub. 20, 1951, and that death occur | red at nomm., from the causes and on the | date stated abo | | |
| o | 23A, SIGNATURE 2 | 3B. ADDRESS | 23c. DATE SIGN | | |
| | M & E LUCA M. O. 1 A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE | RY OR CREMATORY 24D. LOCATION (City, town, or | | | |
| _ | ON, REMOVAL (Specify) | | (Sta | | |
| 24 TIC | D 1 7 0 /0 8 / 8 9 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Cem. Pikesville, Md. | | | |
| | Burial 2/23/51 Druid Ridge | | DDRES / | | |
| D | Burial 2/23/51 Druid Ridge ATE RECEIVED BY REGISTRAR'S SIGNATURE DCAL REGISTRAR | | DORESS | | |
| D | ATE RECEIVED BY REGISTRAR'S SIGNATURE | | DORESS Dalto | | |

Was the RH condition accompanie by action RF at the True of death? inaction, amesent a chromi condition? See Document File 51-1696 "inactive, chronic" 2/5/51 ES

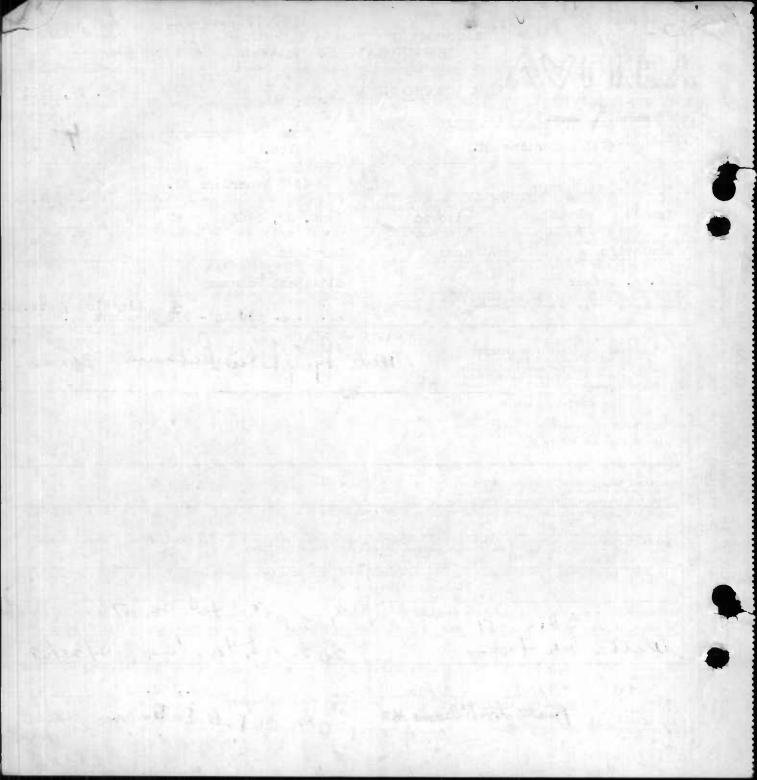
| - | 35 | 5,007 |
|---|-------|-------|
| 1 | US | 1.00% |
| 1 | BIRTH | NO. |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

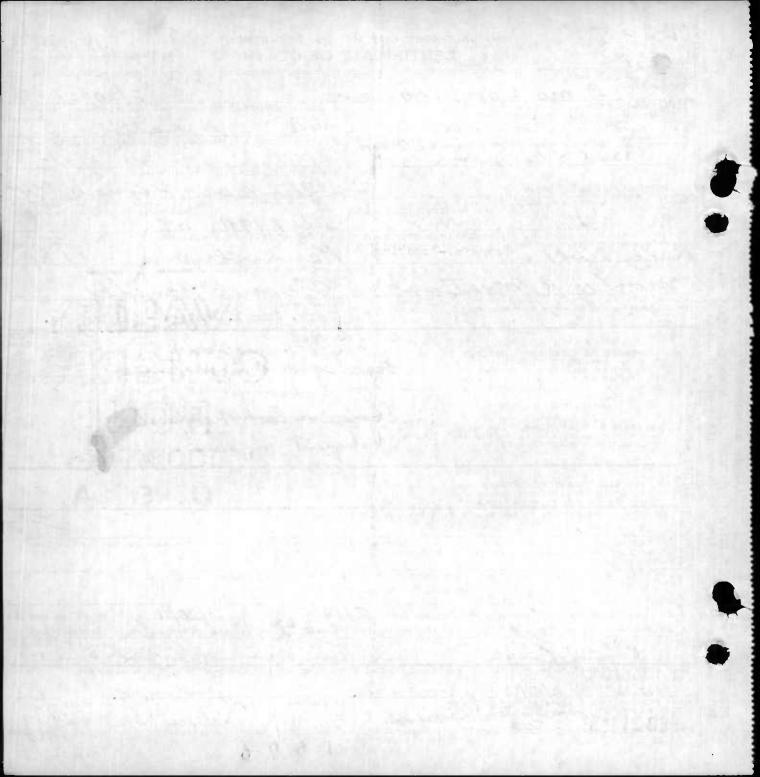
51. 1697

Registered No.

| 1. NAME C | F DECEASED | | | 2. DATE | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------|---------------------------------|--------------------------------|
| (Type or Pr | | EMMA DOROTHY EIDMAN | 1 | OF DEATH | Feb. 20, 1951 |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (| | I. If institution: residence |
| HOSPITAL | OR | pital or institution, give street address or location) | | If outside corporated | imits, write BURAL and give |
| INSTITUTI | ON 4643 Manorde | ene Rd. | Balto. | 28 | 5 9 4 township |
| | | Yrs. Mos. | D. STREET ADDRESS (I | 1 - |) |
| | of stay in Baltimore | Days | 4643 Manord | ene Rd. | |
| 5. SEX foma | 6.COLOR OR RAC | E 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | Sept. 30, 1883 | 9. AGE (In years last birthday) | Months Days Hours Min. |
| ork done during | OCCUPATION (Give kind most of working life, aven if retire | of 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or Maryland | foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| 13. FATHE | | 220 220110 | 14. MOTHER'S MAIDEN | NAME | |
| Wm. | A. Becker | | Elizabeth Schum | an | |
| 15. WAS DE | CEASED EVER IN U. S. ARM | ED FORCES? 16. SOCIAL | 17. INFORMANT | | ADDRESS II |
| 1 es, no or unk | (11 yes, giva war or di | SECURITY NO. | Mr. A. A. Eidma | n - 302 Che | inthicum Hgts .M |
| 18. | 204.0 | CAUSE | OF REATH | 0 | INTERVAL BETWEEN |
| D1 | SEASE OR CONDITION | DIRECTLY | | PL | ONSET AND DEATH |
| (This | LEADING TO DE | of dying, e.g., | i tyrushatu | Leckonus | 34can. |
| heart | failure, asthenia, etc. It m or complication which | cans the disease, | | ***** | |
| | ANTECEDENT CA | | | | |
| 7 | ANTECEDENT CA | (B) | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | | | | | |
| UNDERLYING CONDITION LAST. | | | | | |
| 2 | | (0) | ······································ | | |
| ОТН | ER SIGNIFICANT CON | DITIONS CON. | | | |
| W TRIB | TING TO THE DEATH, BU | T NOT RELATED | | | |
| 19A. DA | TE OF OPERATION | 19B. MAJOR FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| 4 | 0 | | | | YES NO |
| LYING | CCIDENT WAS UNDER OR CONTRIBUTING | 21B. PLACE OF INJURY (a. g., about home, farm, factory, street, office bldg., | in or 21C. WHERE DID atc.) INJURY OCCUR? | (If in Baltimore Ci | ty, give exact location) |
| | ME (Month) (Day) (Yes | ar) (Hour) 21E. INJURY OCCURR | ED 21F. HOW DID INJUF | RY OCCUR? | |
| OF INJ | JRY | m. WHILE AT NOT WHILE | | | |
| 22 7 1 | angles and if the 17 | V. | 1050/1 | Ich-201 | 957, that I last saw th |
| | ed alive on Jerig | ttcnded the deceased from, 195, and that death cow | 5 P 5 10 | | n the date stated above |
| | SNATORE | | 23B. ADDRESS A | the causes and o | 23C, DATE SIGNED |
| W | chower - | M- | 202. Mest | end - | 2/21/51 |
| 24A. BURI | AL, CREMA- 24B. DATE | 24c. NAME OF CEMETE | ERY OR CREMATORY 24D. | LOCATION (City, to | own, or county) (State) |
| TION, REMOVE | rial 2/23/5 | Loudon Park | D | olton Md. | |
| DATE REC | EIVED BY REGISTRA | R'S SIGNA LUE | 25. JUNERAL DIRECTOR | de st | ADDRESS A |
| LOCAL RE | GISTBAR 1951 | right Williams, M. M. | 2/km & sin | tener to | our - Dallo. |
| VS 1 | 50 | Carlo Santa and Santa | | | ma |
| ,31 | | | // | | 0.10 |



| The | 236 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. | 51. 1698 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MARGIN RESERVED FOR BINDING PLEASE CEITE LY, WITH UNFADING INK. Every item of information shows a beginning supplied. The correct age a sepecial important. Physicians: please write the causes of death clearly and legibly. | 1. NAME OF DECEASED (Type or Print) Elmo Lovyl Masters 2. DATE OF DEATH 2/2 | 0/5/ |
| | a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or | stitution : residence before admission |
| | HOSPITAL OR Union memorial Hospital c. CITY OR TOWN (If outside corporate limits, | write RURAL and giv |
| | c. Length of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) Clifton are Theorem | an Or |
| | M WIDOWED, DIVORCED (Specify) Luly 7, 1911 39 Month | ths Days Hours Min |
| | Rate Clerk Transfer-Trucking Pennsylvania | 2. CITIZEN OF WHAT COUNTRY |
| | model R masteral Venne Mannet | W |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, mong unknown) (If yos, give wer or dates of service) 16. SOCIAL SECURITY NO. Mrs. Jane L. Masters - Clif | ton Ave. & |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH Chypic Nephroselerosis | ONSET AND DEATH |
| | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | > |
| | Z DISEASES OR CONDITIONS, IF ANY, GIVING (B) | |
| | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Walignant Hyperleusen (C) | > |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| | 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | YES NO |
| | 218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, ferm, factory, street, office bldg., etc.) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? About home, ferm, factory, street, office bldg., etc.) | |
| | 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK | |
| | 22. I hereby certify that I attended the deceased from 2/12/51, 19, to 2/20/51, 19, that I last saw the deceased alive on 2/20/54, 19, and that death occurred at 6, m., from the causes and on the date stated above | |
| | 23A. SIGNATURE 23B. ADDRESS M.D. Ulivan Wenovial Hospital 2-20-51 | |
| | Burial 2/23/51 Lorraine Cem. Woodlawn Md. | |
| | DATE RECEIVED BY LOCAL REGISTRAR'S ELEN TYPE FEB 2 1 1951 REGISTRAR'S ELEN TYPE 25. FUNERAL BIRECTOR TOLLING TOLLIN | , ballo, |
| | 390 31 6 0 6 | 212 |



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

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| S-i | 5 | 3 O 1699 RTH NO. | BALTIMORE CITY HE | | Registered No. | 1699 |
|-----------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|-----------------------------|-------------------------------------------------------|
| | | NAME OF DECEASED ype or Print) MARY | A. SMO | OT | 2. DATE OF DEATH 2-0 | 21-51 |
| ıpplie | A. | PLACE OF DEATH: Baltimore City, Maryland | | 4. USUAL RESIDENCE (W | | itution : residence before admission) |
| ully supplied. | H | FULL NAME OF (If not in hospital or in SPITAL OR STITUTION 200/ Clenge | location) | C. CITY OR TOWN (If a Balto. | outside corporate limits, w | rit RORAL and give township) |
| egibl | c. | Length of stay in Baltimore | Yrs. Mos. Days | | ural, give location) | <u>.</u> |
| be and 1 | - | SEX 6.COLOR OR RACE 7. SI | INGLE, MARRIED, IDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH June 19, 1880 | | n l Year If Under 24 Hours s Days Hours Min. |
| she | 10 work | done during most of working life, even if retired) | KIND OF BUSINESS OR INDUSTRY | 1Y. BIRTHPLACE (State or for | reign country) 12 | CITIZEN OF WHAT COUNTRY? |
| ADING information s of death cl | 13 | FATHER'S NAME | lean | 14. MOTHER'S MAIDEN NA | | |
| BINDING of inform uses of dea | 15 (Yes | . WAS DECEASED EVER IN U. S. ARMED FORC (If yes, give war or dates of serv | CES? 76. SOCIAL SECURITY NO. | 17. INFORMANT Mes. Eileen (1 | ADDI | Herrelay. |
| RVED FOR Every item write the cau | | DISEASE OR CONDITION DIRECTED IN THE CONDITI | ctly ng, e.g., disease, death.) DUE TO | NAPY Thopa | MBUSIS CVD | INTERVAL BETWEEN ONSET AND DEATH |
| IN RESEING INK. | FICATION | DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. | GIVING | | | |
| MARGIN UNFADING Physicians: 1 | CERTIFI | OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS | RELATED | | | |
| ₩. | AL | | AJOR FINDINGS OF OPER | ATION | | 20. AUTOPSY? |
| LY, WITH important. | EDIC | | B. PLACE OF INJURY (e. g., it bome, farm, factory, street, office bldg., c | | in Baltimore City, give | exact location) |
| A | Σ | 21D. TIME (Month) (Day) (Year) (Hour OF INJURY | 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK | | OCCUR? | |
| re P especia | | 22. I hereby certify that I attended deceased alive on 2 21 | | (ov. ,19430 | | hat I last saw the |
| | | deceased alive on 2 7 , 192 23A. SIGNATURE | | red at 11 B m., from the 38. ADDRESS FALDE | | 3c. DATE SIGNED |
| PLEASE correct age | 24 TIC | N. REMOVAL (Specify) | 24c. NAME OF CEMETE | RY OR CREMATORY 24D. LC | Settleman | (State) |
| PLE | | TE RECEIVED BY REGISTRAR'S SIG | NATURE | 25. FUNERAL DIRECTOR | A MANA | DDRESS |

CARRIED STATE OF DARRIED AND Carried and a loral fateo

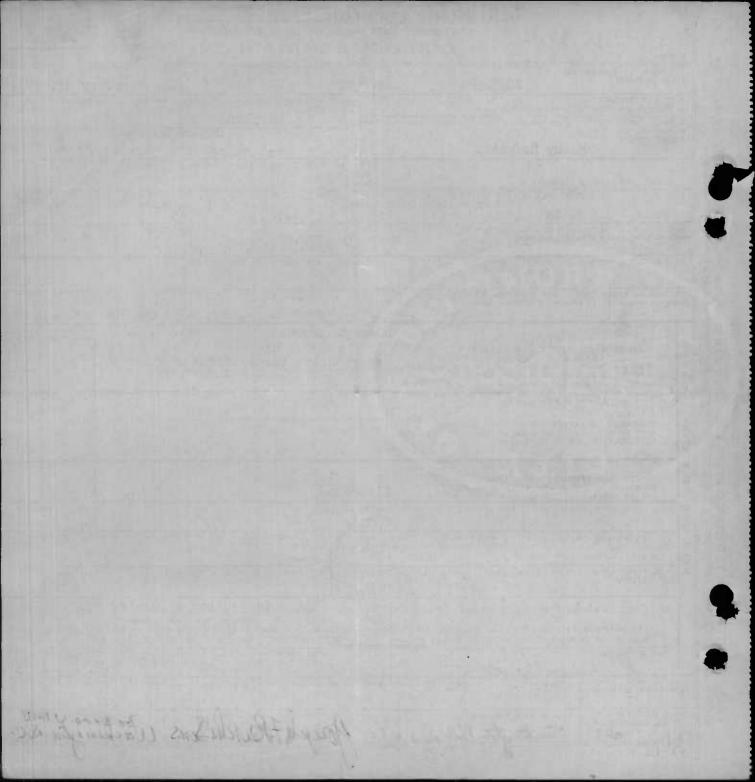
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1700 Registered No.

| | 1. | NAME OF DECEASED Type or Print) TO TRIVELLE TO COR | 2. DATE | | | | |
|----------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|--|--|--|
| ed. | | PATRICK V. CAR | 1 2 2 2 1 2 1 | 9-5-1 | | | |
| ilde | | . PLACE OF DEATH: . Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If inst | itution: residence before admission) | | | |
| sni | В. | FULL NAME OF (If not in hospital or institution, give street address o | | | | | |
| J. | | OSPITAL OR location | c. CITY OR TOWN (If outside corporate limits, w | rite EURAE and give | | | |
| S > | 10 | 2025 HOLLINS ST. | Baltimore for | | | | |
| 18 | | Yrs. Mos. | | | | | |
| 0.77 | | Length of stay in Baltimore Days SEX 6.COLOR OF RACE 7. SINGLE, MARRIED. | | I Year II Under 24 Hours | | | |
| | J. | m widowed Divorced (Specify | | | | | |
| n sho | 10 work | DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR K done during most of working life, even if retired) Brewet - Ref. Blobe Brewere | | CITIZEN OF WHAT COUNTRY? | | | |
| th | 13 | B. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | |
| information of death cl | | John Carlos | Valenaun | | | | |
| of of | 15 (Ye | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL es, no or unknown) (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT ADD | RESS | | | |
| of il | (| ho seconitivo. | muo Katis Calos- 2015 Hs | Mus Sh | | | |
| item o | | 18. 472./ CAUSE | OF DEATH | INTERVAL BETWEEN ONSET AND DEATH | | | |
| Every it write the | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | delatation of the Least | 2 days | | | |
| e wr | | ANTECEDENT CAUSES | 1 2 1 + 2 + | | | | |
| INK | O N | DISEASES OR CONDITIONS, IF ANY, GIVING | is myo carditis, arterio- | Tohro | | | |
| 5 | CAT | UNDERLYING CONDITION LAST. | rosis - senilely | | | | |
| DIN cians: | E | 10 Vel | caus when of both logs | 5420- | | | |
| UNFA | CERT | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | |
| H | 1 | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE | RATION | 20. AUTOPSY? | | | |
| VITI tant. | CA | · by-ma | Lots will be a lot of the board | YES NO | | | |
| LY, Wimport | MEDI | 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. s., about home, farm, factory, atreet, office bldg | | exact location) | | | |
| High | | 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURI | | | | | |
| 4 | | m. WHILE AT NOT WHILE AT WORK | | | | | |
| Pec | | 22. I hereby certify that I attended the deceased from 1941, 19, to Feb. 19, 1951, that I last saw the | | | | | |
| TTE | | deceased alive on 74 19, 19, and that death occu | | date stated above. | | | |
| | | (d C alas M.D. | 4n Fulton ave | 2/20/51 | | | |
| ASE ect ag | 710 TI | AA. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMET ON, REMOVAL (Specify) | TERY OR CREMATORY 24D. LOCATION (City, town, or | county) (State) | | | |
| PLEAS | | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25 FUNERAL DIRECTOR | DDRESS | | | |
| [F] | E | B21 1951: Line to Williams M. | Searge & Fully Julla Pro. J | galle SV | | | |
| | | VS 150 | | 020 | | | |

line buttering the hat Busine my and to staring Carlotte to the second Control of the Contro



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supplied.

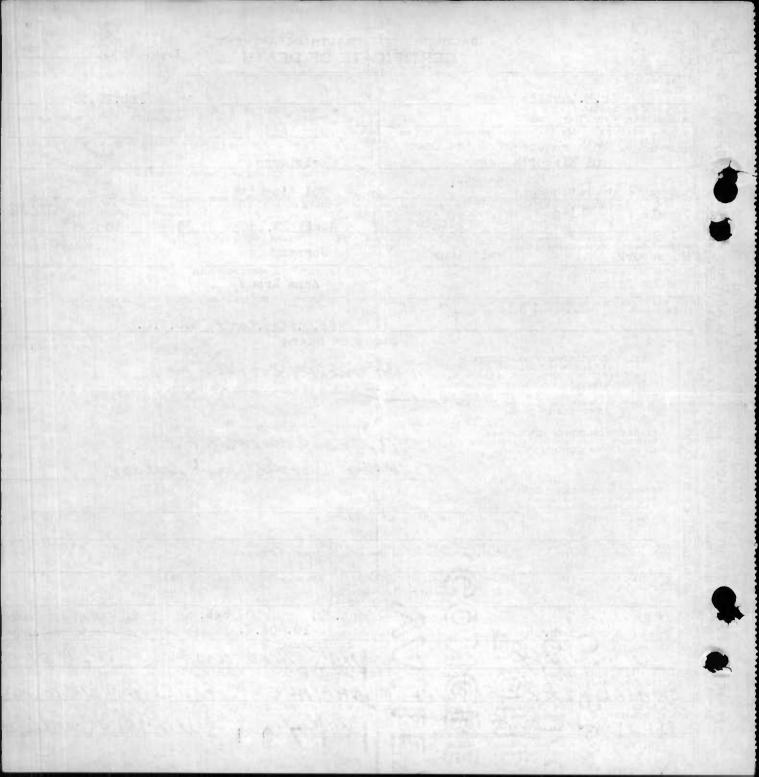
Registered No. CERTIFICATE OF DEATH BIRTH NO. 51-018/6 1. NAME OF DECEASED 2. DATE (Type or Print) ACKSON DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased fixed, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TO (If butside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give logation) Mos. c. Length of stay in Baltimore Days 5 SEX 6. COLOR OF RACE SINGLE, MARRIED 9. AGE (In years) If Under 1 Year I If Under 24 Hours WYDOWED, DIVORCED (Specify) last birthday) | Months: Days, Hours | Min. 10A. USUAL OCCUPATION (Give kind of) BUSINESS OR 10B. KIND 1. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY? rone 13. FATHER'S NAME THER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL choon 16 15 Mil (Yes, no or unknown) SECURITY NO. no 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES demorragic disease of the respons (B) DISEASES OR CONDITIONS, IF ANY, GIVING CATIO RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIBā UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 7, accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-F CEMETERY OR CREMATORY 248/ 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY Uson 10th LOCAL REGISTRAR

See Document File 51-1702.

Correction by Dr. Stanley H. Durlacher, M.D., Asst Medical Examiner 4/3 /51

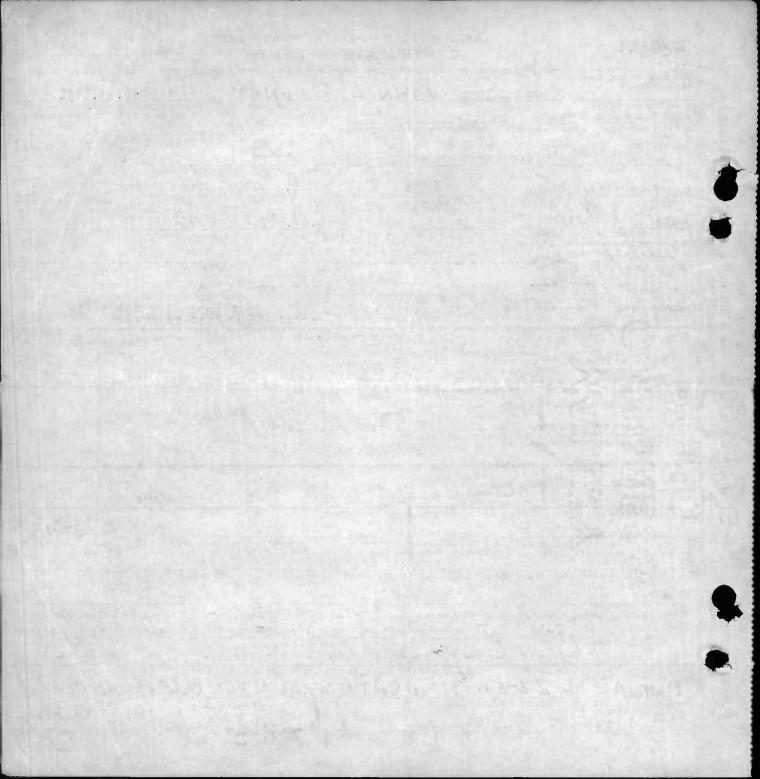
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|------------|-----------------------|--------------------|
| MARGIN KEN | NLY, WITH UNFADING IN | Physicians: plea |
| | WITH | rtant. |
| | VLY, | impo |
| | 3 | ecially important. |

|) (B) | BALTIMORE CITY HE CERTIFICATI | | 1703 |
|-----------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. (T | NAME OF DECEASED ype or Print) | 2. DATE OF | |
| 9 | Sr.M.Lucilla Stamm | DEATH Feb. 20 | |
| A. | Baltimore City, Maryland | A. STATE B. COUNTY | before admission) |
| HC | FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR Motherhouse of Notre Dame location) | C. CITY OR TOWN (If outside corporage limits, wr | ito DHDAY and sine |
| IN | 901 Aisouith | | township) |
| 1 | Yrs. | D. STREET ADDRESS (If rural, give location) | |
| c. | Length of stay in Baltimore 50 Yrs. Mos. Days | 901 Aisquith | |
| | SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, Wildowed, DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE (In years) If Under | |
| . 6 | Single Single | April 15.1867 83 10 | Days Hours Min. |
| 10. | A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY | | CITIZEN OF |
| | nusework Religious | Germany | WHAT COUNTRY? |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | John Stamm | Anna Kraus | |
| 15 | . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL . no or unknown) (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT ADDR | ESS |
| | | Sr.M.Stan.Kostka S.S.N.D. | |
| | 18. 420.0 CAUSE | OF DEATH | INTERVAL BETWEEN |
| ATION | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES | no schrecko - schreck Least Lucise | |
| CERTIFIC | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| CAL | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER | ATION | YES NO |
| AEDIC | 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e | nor 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR? | |
| | 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI OF INJURY | | |
| | m. work AT WORK | The state of the s | |
| | 22. I hereby certify that I attended the deceased from Septecased alive on Feb. 16 . 1951, and that death occur | t.20, 19 50 to Feb. 20, 1951, the red at 10.40 h. Mrom the causes and on the d | at I last saw the |
| | | | 21. 51 |
| 24 TIO | A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE | RY OR CREMATORY 24D. LOCATION (City, town, or/o | ounty) (State) |
| | BURIAL 12-2251, UILLAM | ARIACEN NOTCH CLIFF! | VRlowson |
| LC | TE RECEIVED BY REGISTRAR'S SIGNATURE | Charles L. Lile 901 S | Contelien S |
| | VS 150 | | 0->1 |



| | fully supplied. | d regibly. |
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| D FOR BINDING | PLEASE FRITE NLY, WITH UNFADING INK. Every item of information sland be distinguished. | the causes of death clean, and |
| MARGIN RESERVED FOR BINDING | UNFADING INK. Eve | Physicians: please write |
| 1 | RITE NLY, WITH | s especially important. |
| | PLEASE YR | correct av |

| C- | 51 B | 500 D-83174 |)4 | | | | ALTH DEPARTMENT E OF DEATH | Registered N | 1704 |
|----------------------------------------------------|-----------|---------------------------------------|-------------------------------------------------------|-------------------------|------------------------|-----------------------|-----------------------------------------|---------------------------------------|---------------------------------------------|
| | (7 | NAME OF D | र्ज को | n Coome | JOHI | v L | COONEY | 2. DATE OF DEATH Feb. | |
| ilqqı | A. | | City, Maryland | | | | 4. USUAL RESIDENCE (W | here deceased lived. If i | nstitution : residence before admission) |
| y su | H | FULL NAME OSPITAL OR ISTITUTION | OF (If not in hospit | alorinstitut re City | Hospital | ldress or ocation) | Maryland c. CITY OR TOWN (If | outside corporate limits | write RUKAL and give |
| fully supplied. | | 3-1 | 4940 Ea | stern A | renue | | Baltimore | 26- | township) |
| | - | Length of s | tay in Baltimore | | Life | Yrs. Mos. | | rural, give location) stern Avenue | |
| nd h | | . SEX | 6. COLOR OR RACE | | , MARRIED, | Days | 8. DATE OF BIRTH | 9. AGE (In years H | Under i Year li Under 24 Hours |
| dan | II | lale | White | Single | ED, DIVORCED | (Specify) | Sept.17,1875? | last birthday) Mor | ths Days Hours Min. |
| sl | 10 wor | k done during most | CUPATION (Give kind of yorking life, even if retired) | 10B. KIND | OF BUSINESS | OR | 11. BIRTHPLACE (State or fo | reign country) | 12. CITIZEN OF WHAT COUNTRY |
| tion h cl | 13 | FATHER'S | ployed | | | | Maryland 14. MOTHER'S MAIDEN NA | ME | |
| IG. ma leat | | | John Cooney | | | | Agnes Mary Holt | | V |
| BINDING of information sl uses of death clea | 15 (Ye | . WAS DECEAS | ED EVER IN U. S. ARME (If yes, give war or date | D FORCES? | 16. SOCIAL SECURITY | Y NO. | 17. INFORMANT Baltim Records: 4940 E | | DRESS |
| | | 18. 600 | 0 | 30,45 | CA | USE | OF DEATH | as verm myenue | INTERVAL BETWEEN |
| FOR the ca | | DISEAS | E OR CONDITION | TH | 73 | a a m a la | | | |
| SD very ite t | | heart failu | not mean the mode oure, asthenia, etc. It mea | of dying, e. g | e, | oncn | o pneumonia | (() | 2 Days |
| EVE Wri | | injury or | ANTECEDENT CAUS | | | | | | |
| RESERVED INK. Ever please write | NO | DISEASE | S OR CONDITIONS, I | | (B) Ure | mia - | Bilateral Pyecone scelos is | phitis with | |
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| GIN | FIC | | | | (C) | e oin. | ar Strictures | | |
| MARGIN F UNFADING Physicians: p | RTII | OTHER S | II IGNIFICANT COND | TIONS CON | | | | | |
| M UN Phy | CE | TO THE D | TO THE DEATH, BUT | NOT RELATE | Coronar | y In | farct(old) with V | egatations | |
| H | AL | 19A. DATE C | OF OPERATION 1 | 9B. MAJOR | FINDINGS OF | OPER | ATION | | 2C. AUTOPSY? |
| LY, WITH important. | EDICAL | 21A. ACCID LYING OF CAUSE OF | DENT WAS UNDER- R CONTRIBUTING | | CE OF INJURY | | or 21C. WHERE DID (I | f in Baltimore City, g | |
| NLY, | Σ | | (Month) (Day) (Year | ` ' | VHILE AT NO | CCURRE | 21F. HOW DID INJURY | OCCUR? | |
| 40 | 10 | 22 I haveh | y certify that I att | m. | | T WORK L | 21 , 1943 , to 2. | -19 1051 | |
| RITE is espec | | deceased a | | | | | red at 12:15am from th | | that I last saw the |
| RI | | 23A. SIGNA | TURE () | (1) | ran | 2 | 38. ADDRESS | | 23c. DATE SIGNED |
| चित्रं | 2 | 4A. BURIAL. | CREMA- 24B. DATE | 0 | 4C. NAME OF C | | 4940 Eastern Avent | CATION (City, town, | 2-19-51 or county) (State) |
| AS | _ | BURIA | 11 2-26 | -51. | NEWC | ATH | EDERAL 4300 | Old Free | Lenck Rd. |
| PLEASE correct a | D. | FEB 2 | | SSIGNATU | RE | | 25. FUNERAL DIRECTOR | teiler 901 ! | - Conkly |
| | | VS 150 | 3. 10 | 9. 5 | 10 | | 702 | | St. |
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| | 1 170 | 5 | | HEALTH DEPARTMENT TE OF DEATH Registered N | 1705 | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| 1. | NAME OF D 'ype or Print) | | ZABETH J. SOHELL | 2. DATE OF DEATH Febr | uary 19, 1951 | |
| 3. | PLACE OF D | EATH: City, Maryland 40 | 03 S. Elrino St. | 4. USUAL RESIDENCE (Where deceased lived, If | institution: residence before admission) | |
| В. | FULL NAME OSPITAL OR | OF (If not in hospit | tal or institution, give street address of | or Md. | | |
| | ISTITUTION | | ioeation | c. CITY OR TOWN (If outside corporate limit | s, write RURA, and give township) | |
| 0 | 0 | | Life Yrs. | | | |
| C. | Length of s | tav in Baltimore | Mos. Days | 107 0 Filmton 04 | | |
| | SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED. | 8 DATE OF BIRTH 9 AGE (In years) H | Under 1 Year If Under 24 Hours | |
| Fe | male | White | WIDOWED, DIVORCED (Specific | December 21, 1907 Hast hirthday) Mo | nths Days Hours Min. | |
| 10 | A. USUAL OC | CUPATION (Give kind of of working life, even if retired) | 108. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF | |
| | Hou | se Work | At Home | Baltimore, Md. | WHAT COUNTRY? | |
| 13 | FATHER'S | | | 14. MOTHER'S MAIDEN NAME | | |
| | | lfred Guntene | | Mary D. Roth | | |
| Ye (Ye | No No DECEASE | D EVER IN U.S. ARMEI (If yee, give war nr date No | D FORCES? 16. SOCIAL SECURITY NO. None | Joseph T. Schell 403 S. Elris | no St. | |
| CERTIFICATION | injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED | | | | | |
| | | F OPERATION 1 | 98. MAJOR FINDINGS OF OPE | | 20, AUTOPSY? | |
| | | | 1 01- 01-01-01 | | | |
| | | | 21B. PLACE OF INJURY (e.g., | | YES NO | |
| DICAL | | ENT WAS UNDER. CONTRIBUTING DEATH | about hume, farm, factory, street, office bldg | , in or 21c. WHERE DID (If in Baltimore City, g., etc.) INJURY OCCUR? | | |
| DICAL | LYING OF | CONTRIBUTING | about hnme, fsrm, factory, street, office bldg (Hour) 21E. INJURY OCCUR | RED 21F. HOW DID INJURY OCCUR? | | |
| DICAL | LYING OF CAUSE OF | R CONTRIBUTING DEATH | about hume, farm, factory, street, office bldg | RED 21F. HOW DID INJURY OCCUR? | give exact location) | |
| MEDICAL (| LYING OF CAUSE OF 210. TIME (OF INJURY) | R CONTRIBUTING DEATH Month) (Day) (Year) y certify that I att | about home, ferm, factory, street, office bldg (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE MORK AT WORK tended the deceased from | RED 21F. HOW DID INJURY OCCUR? | that I last saw the | |
| DICAL | 210. TIME (OF INJURY) 22. I hereby deceased al | Month) (Day) (Year) y certify that I att ive on | about home, ferm, factory, street, office bldg (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE MORK AT WORK tended the deceased from | RED 21F. HOW DID INJURY OCCUR? (E) 1976 to 2-19, 1970 urred at 3:30 Ac. From the eauses and on the | zive exact location) /, that I last saw the ne date stated above. | |
| DICAL | LYING OF CAUSE OF 210. TIME (OF INJURY) | Month) (Day) (Year) y certify that I att ive on | about home, ferm, factory, street, office bldg (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE MORK AT WORK tended the deceased from | RED 21F. HOW DID INJURY OCCUR? 1976, to 2-19, 1976, to 2-19, 1977, 1977, 1977, 1976, to 2-19, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1 | that I last saw the | |
| MEDICAL | LYING OF CAUSE OF 210. TIME (OF INJURY) 22. I hereby deceased all 23A. SIGNAT | Month) (Day) (Year) y ccrtify that I att ive on | about hnme, ferm, factory, street, office bldg (Hour) 21E. INJURY OCCUR! WHILE AT NOT WHILE AT WORK tended the deceased from 19 1 and that death occur. | RED 21F. HOW DID INJURY OCCUR? (E) 1976 to 2-19, 1970 urred at 3:30 Ac. From the eauses and on the | that I last saw the date stated above. | |
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| MEDICAL | LYING OF CAUSE OF 210. TIME (OF INJURY) 22. I hereby deceased al 23A. SIGNAT ON, REMOVAL SO Burial | Month) (Day) (Year) We cortify that I att ive on 16 ITURE 24B. DATE Pedily) February DBY REGISTRAR | about hnme, farm, factory, atreet, office bldg (Hour) 21E. INJURY OCCUR! MOT WHILE AT WORK tended the deceased from 19 and that death occur 24C. HAME OF CEMET 2215 Sacred Hear S SIGNATURE | INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? Parred at 3:30 Ac. 19 om the eauses and on the causes and on the causes are considered at 3:30 Ac. 19 om the eauses and on the causes are considered at 3:30 Ac. 19 om the eauses and on the causes are considered at 3:30 Ac. 19 om the eauses and on the cause are considered at 3:30 Ac. 19 om the eauses and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause and on the cause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eause are considered at 3:30 Ac. 19 om the eaus | that I last saw the date stated above. 23c. DATE SGNED or eounty) (State) 1 Rd. Balto. Co. | |

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| BI | 1 170 RTH NO. | 36 | BA | CERTIFICA | TE OF | DEATH | ENI | Registe |
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| (T | NAME OF D ype or Print) | | ALB | ERT E. HEIME | RT, SR. | | 11// 19 | DATE OF DEATH |
| A. | | City, Maryland | A. STA | UAL RESIDEN | CE (Where | deceased li | | |
| l H | OSPITAL OR | St. Dunstan | | tion, give street address location | c. CIT | Y OR TOWN | (If outsi | ide corporat |
| | | tay in Baltimore | | Yrs Mod Day | s. D. STR | Itimora REET ADDRESS 208 St. Dr | | |
| 5. | sex | 6.COLOR OR RACE | WIDOV | E, MARRIED. VED, DIVORCED (Speciaried | B. DAT | E OF BIRTH 24. 187 | 9. | AGE (In ye last birthda |
| worl | dooe during most o | CUPATION (Give kind of or working life, even if retired) | 10B. KINI | O OF BUSINESS OR | 11. BIF | THPLACE (Sta | te or foreign | 73 n country) |
| | FATHER'S N | e Heimert | | | 14. MC | THER'S MAID | | |
| 15 (Yes | . WAS DECEASE , oo or unkoown) | D EVER IN U. S. ARME (If yea, give war or date | D FORCES? | 16. SOCIAL SECURITY NO 212-09-4227 | . 1 | FORMANT Ir. Alber | t E. He | eimert |
| FICATION | DISEASES | re, asthenia, etc. It mes complication which of the complication which of the complication which of the complication compl | caused death SES FANY, GIVIN STATING TI | NG (B) | oron | ardial; | | |
| CERTIFI | TRIBUTING | IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION | NOT RELATI | | | oma | Pros | tate |
| EDICAL | 21A. ACCID | ENT WAS UNDER- | 2 1B. PL | ACE OF INJURY (e. g | , in or 210 | . WHERE DID | | Baltimore |
| Σ | | Month) (Day) (Year | | 21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR | LE | F, HOW DID IN | NJURY OC | CUR? |
| | 22. I hereby deceased al | ive on Feb 19 | tended the | deceased from A | sel 19 | 3:30 Pm., fr | rom the co | 19 uuses and |
| 24 | | CREMAN 24B. DATE | | M.D. | 28 TERY OR CI | 43 J | 4D. LOCAT | |
| _ | Burial TE RECEIVED CAL REGIST | D BY REGISTRAR | S SIGNATU | New Cathe | | em . I | Balto., | Md. |
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| ki | | F 344 14 | ing to the | 290 | 6.5 | V | | |

ered No. Feb. 19, 1951 ved, If institution: residence before admission) te limite write RJRAL and give

ion)

12. CITIZEN OF WHAT COUNTRY?

ADDRESS - 724 Dunkirk Rd.

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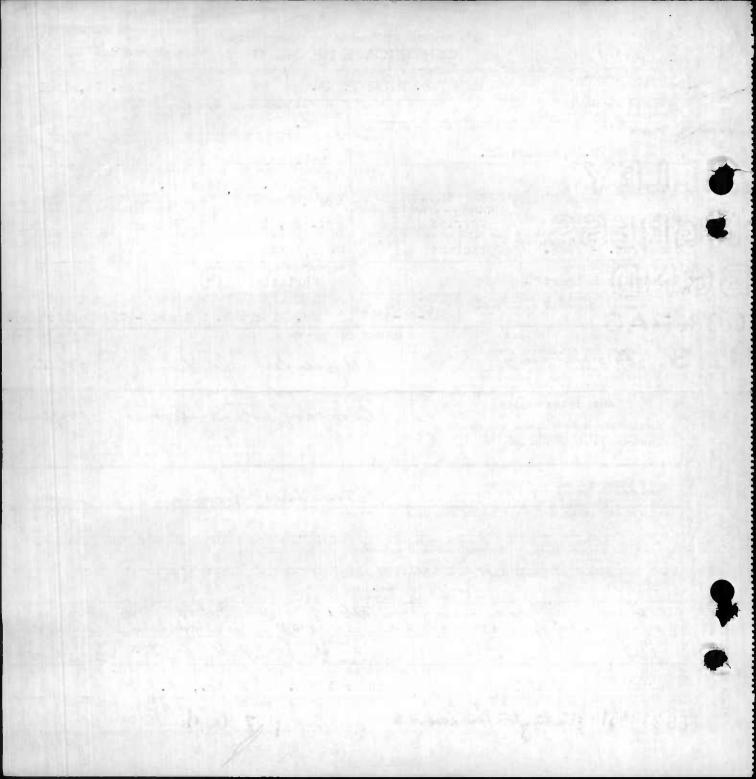
INTERVAL BETWEEN ONSET AND DEATH 30 min

YES City, give exact location)

195/, that I last saw the

on the date stated above. 23c. DATE SIGNED

town, or county)



fully supplied.

BINDIN

RESERVED

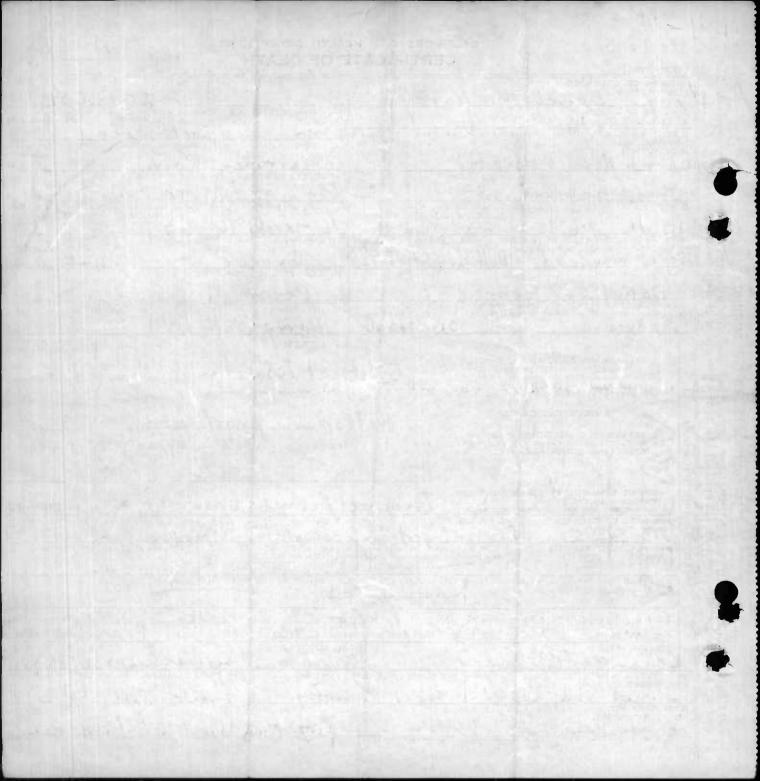
MARGIN

of

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Feb. 17, 1951 PHILLIPUS MYKONIATIS OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland before admission) A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Wyman Pk. Drive & 31st St. township Piraeus Yrs. o. STREET ADDRESS (If rural, give location) Mos. l Ionidon Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Married 65 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s of death cle Seafarer Seaman Greece 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anastasia Mykoniatis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Records- US Marine Hospital, Balto, Md. NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Encephalomalacia right cerebral IInknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, cortex injury or complication which caused death.) DUE TO Arterioscherosis, generalized Thich own ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Hypertensive cardievascular renal UNDERLYING CONDITION LAST. UNFADING Physicians: (C) disease H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILF AT NOT WHILE WORK AT WORK Jan. 23 1951 to Feb. 16 1951, that I last saw the 22. I hereby certify that I attended the deceased fromand that death occurred at 1:25Pm., from the causes and on the date stated above. 1951 deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE, SIGNED John L. Wilson, Medical US Marine Hospital, Balto, Md. Director 24A. BURIAL, CREMA 24c, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, ur county) State) TION REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL REGISTRAR DIRECTOR LOCAL REGISTRAR VS 150

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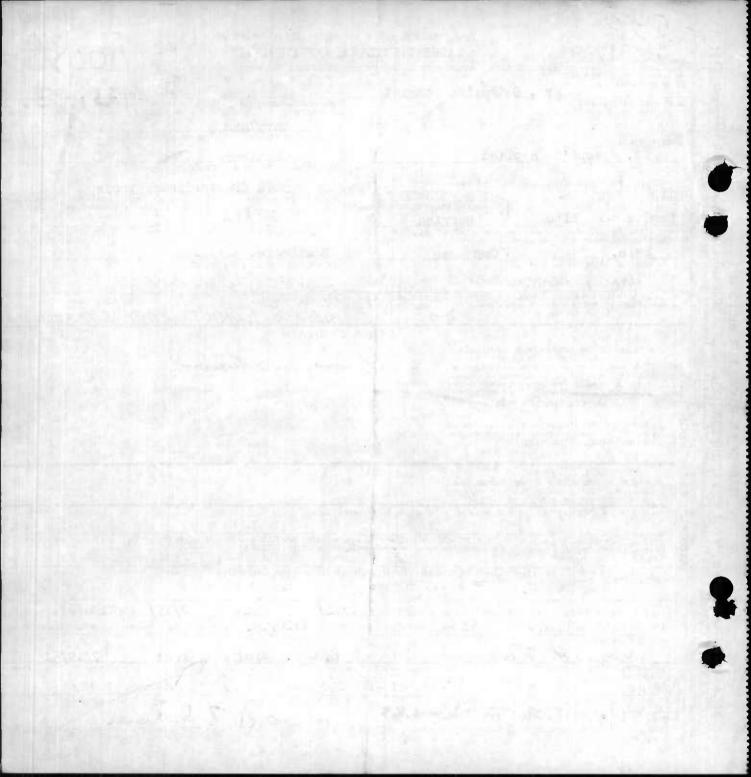


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| RIRTH NO | 4. 1 00 |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1.709

| | IRIH NO. | | | | | |
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| (2 | . NAME OF DECEASED Type or Print) | 2. DATE. OF | 20 2042 | | | |
| | . PLACE OF DEATH: | atherine Schmidt | 4. USUAL RESIDENCE (V | | institution : residence | |
| | Baltimore City, Maryland FULL NAME OF (If not in hospi | tal or institution, give street address or | Maryland | B. COUNTY | before admission) | |
| H | OSPITAL OR NSTITUTION | location) | | outside coporate limi | ts write RURAL and give | |
| 5 1 | St. Joseph's Hosp | ital | Paltimore | 10 | township) | |
| 7 | | Yrs. Mos. | D. STREET ADDRESS (If | rural, give location) | | |
| | . Length of stay in Baltimore | Life Days | 3008 Chest | erfield Aver | we | |
| 5 sin | SEX 6.COLOR OR RACE Female White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | May 2, 1882 | 9. AGF tin years | If Under 1 Year Munder 24 Hours onths Days Hours Min. | |
| wor | OA. USUAL OCCUPATION (Give kind of the kind of the done during most of working life, even if retired | I 108 KIND OF BUSINESS OR | 11. BIRTHPLACE (State or fo | reign country) | 12. CITIZEN OF | |
| WOL | Hwfe. | Own Home | _Baltimore, Mary | land | WHAT COUNTRY? | |
| 1: | 3. FATHER'S NAME | 1 Out Home | 14. MOTHER'S MAIDEN N. | AME | | |
| | VAMES MAROL | | NOT KN | IOWN | | |
| 1! (Y | 5. WAS DECEASED EVER IN U.S. ARME | D FORCES? 16. SOCIAL es of service) SECURITY NO. | 170INFORMANT | | DDRESS | |
| ,,, | (-1, 200, 810, 411, 61, 611, | NONE | SEGRGE SCHMI. | DT 3008(4 | ESTER EIELDA | |
| | 18. 1200.1 | | OF DEATH | 000 11 (11) | INTERVAL BETWEEN | |
| 1 | DISEASE OR CONDITION | DIRECTLY | | | ONSET AND DEATH | |
| | (This does not mean the mode | TH of dving e.g. | may occluse | in . | | |
| 1 | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | | | | | |
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| z | ANTECEDENT CAUSES | | | | | |
| 0 | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | | | | | |
| A | UNDERLYING CONDITION L | AST. (C) | | | | |
| H | | | | | | |
| ERTIFICA | OTHER SIGNIFICANT COND | ITIONS CON- | | | | |
| CEF | TRIBUTING TO THE DEATH, BUT | NOT RELATED | | | | |
| Ĭ., | 19A. DATE OF OPERATION | 198. MAJOR FINDINGS OF OPER | RATION | | 20. AUTOPSY? | |
| ¥ | | | | | YES NO K | |
| IEDICAL | | 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e | n or 21c, WHERE DID (Injury occur? | f in Baltimore City, | give exact location) | |
| Σ | 21D. TIME (Month) (Day) (Year |) (Hour) 21E. INJURY OCCURRI | ED 21F. HOW DID INJURY | OCCUR? | | |
| | OF INJURY | m. WHILE AT NOT WHILE | | | | |
| | 22. I hereby certify that I at | | /14/ , 1951, to | 2/70/ 10 | 5742-4-7-1-4-4-4 | |
| | | 19.51, and that death occur | | | | |
| | 23A. SIGNATURE | | 38. ADDRESS | ne causes and on t | 23c. DATE SIGNED | |
| 1 | 100 8 TO | ele M.D. | 1400 N. Caroline | Street | 2/19/51 | |
| 2 | 4A. BURTAL, CREMA- 24B. DATE | 0 24c. NAME OF CEMETE | RY OR CREMATORY 24D. L | OCATION (City, town | | |
| | BURIAL (Specify) 2-23 | - 51 HOLY REDE | EMER BA | LTIMORE | MO | |
| D | ATE RECEIVED BY REGISTRAR | SIGNATURE | 25. FUNERAL DIRECTOR | 0 170 0 | ADDRESS | |
| - | OCAL REGISTRAD | | Hrank los | rachesor | 1 | |
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| The | В | CERTIFICATE | E OF DEATH Registered N | 0 |
| | 1. | NAME OF DECEASED | 1 . + 4 1 - 2. DATE OF 10-1 | |
| supplied. | 3. | PLACE OF DEATH: | 4. USUAL RESIDENCE (Where deceased lived. If i | nstitution: residence |
| ddn | Α. | Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or | A. STATE B. COUNTY | before admission) |
| ly s | Ho | OSPITAL OR location) | C. CITY OF TOWN (If outside corporate limits | |
| fully dy. | | 2524 Mosher St. | BALTIMORE | 6-05 township) |
| legibly | C. | Length of stay in Baltimore Life Mos. Days | D. STREET ADDRESS (If rural, give location) | 35011 |
| l be | | SEX 6.COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) | | Under 1 Year II Under 24 Hours |
| | 100 | EMALE WhITE MARRIED | HPRIL 8, 1903 47 | |
| sh | work | A. USUAL OCCUPATION (Givekindof 108. KIND OF BUSINESS OR INDUSTRY | II. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF |
| rmation sh | | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 4. S. H. |
| information s of death cl | | FREd. W. SchroEdER | MARGARETTA F. Reic | herter |
| info s of | (Yes | b. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. no or nnknown) (If yes, give war or dates of service) SECURITY NO. | . 41 1 | DRESS |
| em of i | | NO NONE NONE | | Mosher ST. |
| item | | DISEASE OR CONDITION DIRECTLY | OF DEATH | POSET AND DEATH |
| 7 | | LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, | convoses pronary | Justaul |
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| INK. | 1 1 1 | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | U |
| UNFADING Physicians: | ICA | UNDERLYING CONDITION LAST. | | |
| FAD | RTIF | OTHER SIGNIFICANT CONDITIONS CON- | | |
| UNI | CE | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| _ | AL | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | RATION | 20. AUTOPSY? |
| WITH rtant. | EDIC/ | 21a. ACCIDENT. SUICIDE, 21b. PLACE OF INJURY (e. g., ir. HOMICIDE (Specify) about home, farm, factory, street, office bldg., e | | YES NO Live exact location) |
| LY, WITH important. | ME | | | |
| y. ii | | OF INJURY OF INJURY OF INJURY OF INJURY OCCURRE WHILE AT NOT WHILE | | |
| ciall | | m. work L at work L | | |
| ITE s especi | | 22. I hereby certify that I attended the deceased from deceased alive on 20, 1951, and that death occur | ered at 2:30Rm., from the causes and on th | e date stated above. |
| S | | | 3B. ADDRESS | 23c. DATE SIGNED |
| age 7 | 24 | M. D. 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER | RY OR CREMATORY 24D. LOCATION (City, town, | or county) (State) |
| EAS | 1 | JURIAL 2-23-51 BALTIMORE | NATIONAL BALTIMORE | MARYLAND |
| PLEASE correct ag | | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR | ADDRESS |
| | T | B 26 (195) | GEO. L. Schwab 2101 FREC | ERICK HUE |
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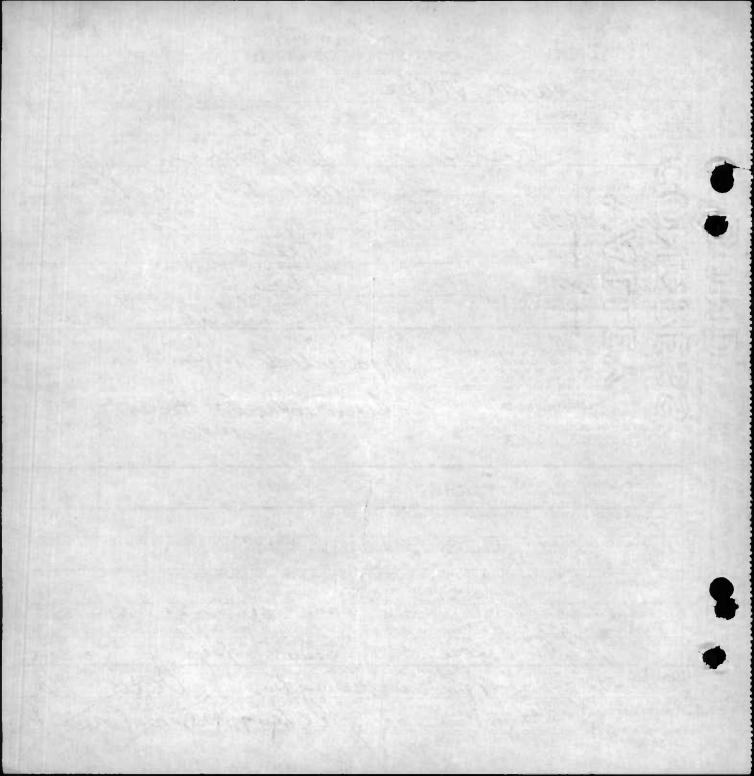
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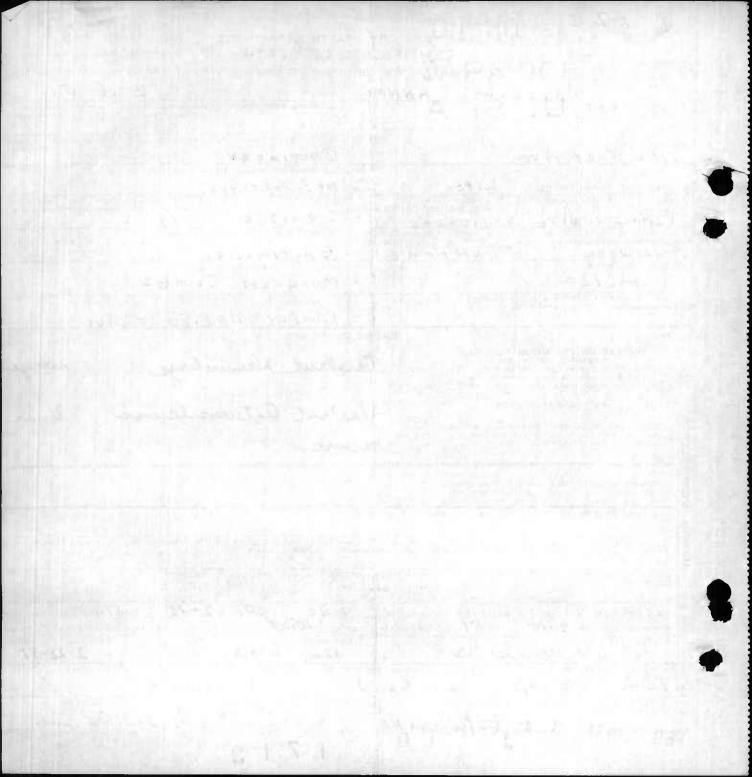
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| 53 3712 | E OF DEATH Registered No. |
| 1. NAME OF DECEASED (Type or Print) Tam Blevins | 2. DATE OF DEATH 2/21/51 |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland | A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission |
| B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Square, 405 D. | |
| Yrs. Mos. Days | D. STREET ADDRESS (If rural, give location) |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) | 3-14-1908 9. AGE (In years of Under 1 Year Months Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work doned nring most of working life, even if retired) FARMER GOU. | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| 13. FATHER'S NAME HIRAM MBLEVINS | 14. MOTHER'S MAIDEN NAME CORA FRANCÍS |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT Meas Velono F Blevein Fallet me |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER 21A. ACCIDENT SUICIDE. HOMICIDE (Specify) 21B. PLACE OF MJURY (e.g., about home, farm, factor, attrect, office bldg., | in or 21c, WHERE DIO (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK | |
| 23A. SIGNATURE 24A. BURJAL, CJEMA- TION BENOVAL (Specify) 24C. NAME OF CEMETE 24C. NAME OF CEMETE | 27 20, 1957, to 27, 1957, that I last saw the red at 31 n., from the causes and on the date stated above 23B. ADDRESS ERY OR CREMATORY 24D. LOCATION (City, town or county) State of the control of the causes and on the date stated above 23B. ADDRESS 25. FUNERAL DIRECTOR ADDRESS Charles & Lawrence Garage Control of the cause of |

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| 4 | BALTIMORE CITY HE | EALTH DEPARTMENT 51 1714 |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| The | BIRTH NO. CERTIFICATE | E OF DEATH Registered No. |
| | (Type or Print) WANZELLA CANNOX | 2. DATE OF DEATH 2-18-51 |
| efully supplied. | 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission |
| ılly s | HOSPITAL OR location) | C. CITY OR TOWN (If outside corporate limits, write RURAL and giv. |
| efu subly. | 110 E. FORT AVE. Yrs. Mos. | D. STREET ADDRESS (If rural, give location) |
| ld be | c. Length of stay in Baltimore LIFE. Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours |
| ld a | TEMALE WHITE WIDOWED. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR | 2-5-1872 last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| on sl | HOUSEWORK OWN GOVERNMENT OWN HOME | 13 ALTIMORE |
| information s of death cl | 13. FATHER'S NAME | MARGARET COMBS |
| infor | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS |
| em of i | 18. 33/X CAUSE C | OF DEATH INTERVAL BETWEEN ONSET AND DEATH |
| Every item write the cau | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e, g., (A) | |
| Ever | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | elral Hemorbuge 2 days elral Certenoscleroni 2 m |
| INK. please v | ANTECEDENT CAUSES | elral Certemoscleroni 2 ym |
| IG IN | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | ure |
| UNFADING Physicians: | II II | |
| Physi | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. | |
| | 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER | ATION 20. AUTOPSY? |
| ILY, WITH important. | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., e | or 21c, WHERE DID (If in Baltimore City, give exact location) |
| imi | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY WHILE AT NOT WHILE | ED 21F. HOW DID INJURY OCCUR? |
| Br. re. | 22. I hereby certify that I attended the deceased from | 1-30 1950 to 2-18 , 1957, that I last saw th |
| RITE 18 esp | | red at 10135 m., from the causes and on the date stated above |
| | 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF GEMETER | 1227 Wash. Blod 2.22-51 |
| PLEASE correct a | BURIAL Specify 2/22/51 GLON HAVEN | BALTIMORE |
| PLI | DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE | RES. FUNERAL DIRECTOR ADDRESS Sample L. M. Culler 130 E. Fort and |
| | FEBs4301951 | 1712 \$30 |
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| | 51 | 1715 | | TIMORE CITY HE | ALTH DEPARTMEN | T 51. Registered No. | 1715 |
| BI | RTH NO. | | | CLIVIII ICATI | OF DEATH | | |
| 1. (T | NAME OF Di ype or Print) | eceased PHII | LLIP SC | HMIRMUND | | 2. DATE OF Feb. | 19, 1951 |
| Α. | | lity, Maryland 23 | | | 4. USUAL RESIDENCE | (Where deceased lived, If in B. COUNTY | nstitution : residence before admission) |
| H | FULL NAME OSPITAL OR STITUTION | OF (If not in hospit | al or institut | ion, give street address or Iocation) | | (If outside corporate limits, | write RURAL and give township) |
| c. | Length of st | tay in Baltimore | 1: | Yrs. Mos. Days | D. STREET ADDRESS | (If rural, give location) Milliman St. | |
| | sex ale | 6.COLOR OR RACE White | WIDOW | MARRIED. ED, DIVORCED (Specify) Arried | Sept. 3, 1890 | 9. AGE (In years last birthday) Mon | Inder I Year A Under 24 Hours this Days Hours Min. |
| | done during mosto | CUPATION (Give kind of f working life, even if retired) | 108. KINE | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State o | r foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | Lithogra | | A. Ho | en & Co. | Baltimore, M | d. | U.S. |
| 13 | .FATHER'S | | Schmi | rmund Pizimital | 14. MOTHER'S MAIDEN | achelle Vahle | |
| 15 (Yes | . WAS DECEASE , no or unknown) NO | D EVER IN U. S. ARMED (If yes, give war or date) | FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Edna L. Schmir | mund, wife, abo | DRESS |
| | 18. 420 | | | CAUSE | OF DEATH | ,, | INTERVAL BETWEEN |
| | 1 000 | E OR CONDITION | DIRECTIV | A | | | ONSET AND DEATH |
| | | LEADING TO DEAT | TH | | womany oculusi | 44) | 15 Maria |
| | heart failu | not mean the mode of re, asthenia, etc. It mea complication which of | ns the diseas | | | | |
| , | | ANTECEDENT CAUS | SES | Can | mordenis en | | 1111 |
| CERTIFICATION | RISE TO T | S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA | STATING TI | 1G | mayatis at | IN MEMORY | W W& b Record |
| FIC | | | | (C) | | | |
| ERT | TRIBUTING | II SIGNIFICANT CONDI TO THE DEATH, BUT | NOT RELAT | ED . | | | |
| | | F OPERATION 1 | | FINDINGS OF OPER | ATION | | 20. AUTOPSY? |
| AL | | | | | | | YES NO |
| EDICAL | 21A. ACCIDE HOMICIDE | NT. SUICIDE, (Specify) | 218. PL/ about home, | CE OF INJURY (e. g., i farm, factory, street, office bldg., | or 21c. WHERE DID | (If in Baltimore City, gi | ive exact location) |
| Σ | 21D. TIME | Month) (Day) (Year) | (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID INJU | JRY OCCUR? | |
| | OF INJURY | | m. | WHILE AT NOT WHILE | | | |
| | 22. Thomas | n certify that I att | | deceased from 13 | 1961. to | 19 my 1961 | , that I last saw the |
| | deceased al | . 1 de Tail | | and that death occur | 40 | n the causes and on th | |
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| 2.4 TI | AA. BURIAL. CON. REMOVAL (S | DREMA 24B, DATE | | 24c. NAME OF CEMETE | RY OR CREMATORY 24D | LOCATION (City, town, o | or county) (State) |
| | Buria | Feb. 23, | 1951 | Baltimore Ce | meterv Nor | th Ave. & Rose | St. Balto Md |

DATE RECEIVED BY

Baltimore Cemetery

Sensimum Refuneral Home, Inc. Address 2601-3-5 E. Madison St. U

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| | 5. | 1 1 | 716 |

BALTIMORE CITY HEALTH DEPARTMENT

| 1. NAME OF (Type or Prin | DECEASED JOSEP | H SENKYR | | 2. DATE F b. | 19, 1951 |
|-------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------|
| 3. PLACE OF | | | 4. USUAL RESIDENCE (W | DEATH O | |
| A. Baltimore | e City, Maryland | | A. STATE | B. COUNTY | hefore admission |
| B. FULL NAM HOSPITAL O | R | al or institution, give street address or location) | | outside corporate lim | its, write RURAL and give |
| INSTITUTION | Pine Kidg | e Conv. Home | Baltimore | |) - (township |
| | | Yrs. | D. STREET ADDRESS (If | | |
| | stay in Baltimore | 46 years Mos. Days | 813 N. Pc | ort St. | |
| male | 6.COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | Nov. 10, 1871 | 9. AGE (In years last birthday) M | H Under 1 Year If Under 24 Hours Onths Days Hours Min. |
| | OCCUPATION (Give kind of ost of working life, even If retired) Maker | Nat. Store Fixtures | 11. BIRTHPLACE (State or for Czechoslovakia | preign country) | 12. CITIZEN OF WHAT COUNTRY |
| 13. FATHER: | | | 14. MOTHER'S MAIDEN NA | AME | |
| | Joseph | Senkyr | unknowr | 1 | |
| 15. WAS DECE (Yes, no or unknown | ASED EVER IN U.S. ARMEI (If yes, give war or date | of service) 16. SOCIAL SECURITY NO. 215-16-5516 | Mrs. Mary Marler | | ADDRESS e |
| 18. 0 % | ^ ~ | CAUSE | OF DEATH | | INTERVAL BETWEEN |
| 040 | ASE OR CONDITION | DIRECTLY | - On. | 11 | ONSET AND DEATH |
| | ces not mean the mode | of dying, e.g., (A) | beles the | lules | 15900 T |
| heart f | ulure, asthenia, etc. It mea or complication which | ns the disease, caused death.) DUE TO | lovis + Gargren | · TRY F | X |
| 10334 | ANTECEDENT CAU | SES | | 7 111.10 | |
| Z DISEA | SES OR CONDITIONS, | (B) | U | | *************************************** |
| RISE T | THE ABOVE CAUSE (A) | STATING THE DUE TO | | | |
| Ú l | | | | | |
| | 11 | _(c) | | ****************************** | |
| M TRIBUT | SIGNIFICANT COND ING TO THE DEATH, BUT DISEASE OR CONDITION | NOT RELATED | | | |
| 19A. DAT | OF OPERATION | 9B. MAJOR FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| 21A. ACC | DENT. SUICIDE. | 21B. PLACE OF INJURY (e.g., i | in or 21c. WHERE DID (I | f in Baltimore City, | give exact location) |
| 21A. ACC HOMICID | | about home, farm, factory, street, office bldg., | | | |
| Σ 21p. TIME | (Month) (Day) (Year | (Hour) 21E. INJURY OCCURR | ED 21F. HOW DID INJURY | Y OCCUR? | |
| OF INJUI | RY | m. WHILE AT NOT WHILE | | | |
| 22 1 1 | | m. WORK AT WORK | C. 23 1936 to Fa | ch. 19 105 | I, that I last saw th |
| deceased | aline on Febr. 18 | _, 19.5/, and that death occur | rred at 9, 457 m from t | | |
| 23A SIGI | | // | 23B. ADDRESS | | 23c. DATE SIGNED |
| Va | ucu 1 | | | unx o | 12/21/5/ |
| 24A. BURIAI TION. REMOYA | (Specify) | 24c. NAME OF CEMETE | THE RESIDENCE OF THE PARTY OF T | OCATION (City, tow. | |
| Buria | | Oak Hill Ceme | | | altimore, Md. |
| DATE RECEI | | S SIGNATURE | Schimunek Funera | al Home, Inc | ADDRESS . |
| EB 221 | Thurs | i atom Milliance 4x0 | 2601-3-5 E Madi | ison St. | |
| VS 150 | ~ . S- | 0 - | . 11 | | 11 |
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| BIRTH NO | JA. | .B. W |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 3717

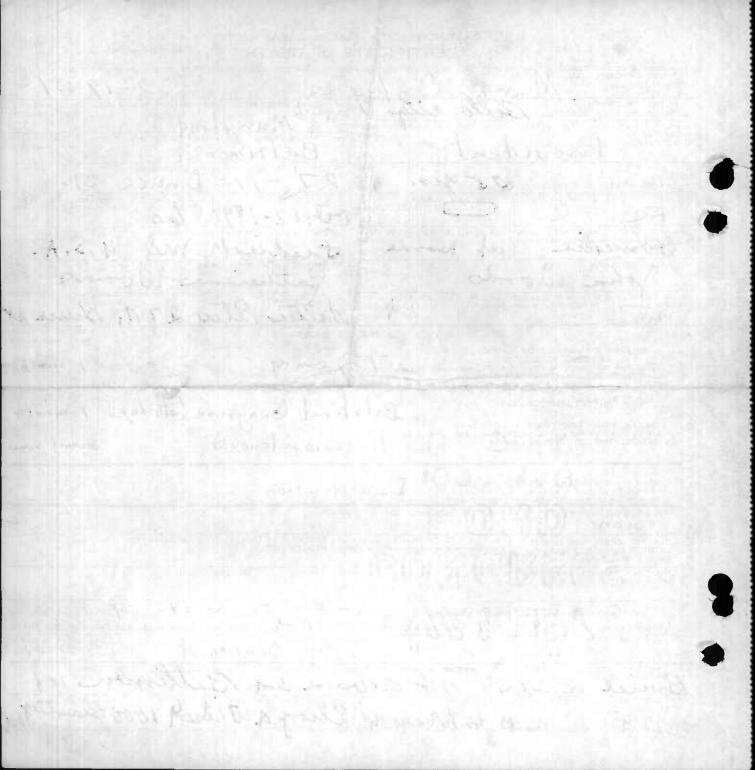
Registered No.

| BI | RTH NO. | | OLIVIII IOATI | E OI BEATTI | | |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|-------------------------------------------------------|
| | NAME OF DECEASED HARRY | ELBER | T PENCE | | 2. DATE OF Feb | . 21, 1951 |
| Α. | PLACE OF DEATH: Baltimore City, Maryland | al aw institut | ion give struct 11 | 4. USUAL RESIDENCE (NA. STATE Maryland | Where deceased lived. I | |
| AT I | FULL NAME OF (If not in hospit OSPITAL OR US Marine H STITUTION YMAN Pk. Drive & 31st | ospita St. | location) | c. CITY OR TOWN (II Baltimor | f outside corporate lim | its, write RURAL and give |
| C. | Length of stay in Baltimore | | ? Yrs. Mos. Days | D. STREET ADDRESS (If 3100 Rem | rural, give location) nington Avenu | 10 |
| 5. | SEX 6.COLOR OR RACE | WIDOW | E. MARRIED, VED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH 2/5/98 | 9. AGE (In years) 52 last birthday) M | If Under Year If Under 24 Hours Anths Days Hours Min. |
| work | A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) auto mechanic | 10в. КІМ | O OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or f | oreign country) | 12. CITIZEN OF WHAT COUNTRY USA |
| | Stewart Pence | | | 14. MOTHER'S MAIDEN N Maude Babe: | | |
| 15 (Yes | WAS DECEASED EVER IN U. S. ARMEE (If yes, give war or dated Yes WW I | FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Records- US 1 | | tal, Balto, Md. |
| ERTIFICATION | LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which etc. ANTECEDENT CAUS DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA | f dying, e. pas the diseas aused death ES FANY, GIVIN STATING TH | (B) | ebral thrombosis eriosclerosis | due to | Unknown |
| CER | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | | | LOG AUTOPOUR | |
| 1EDICAL | 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH | 21B. PL/ | ACE OF INJURY (e. g., ir farm, factory, street, office bldg., e | or 21c. WHERE DID (| If in Baltimore City, | 20. AUTOPSY? YES NO E |
| 2 | 21D. TIME (Month) (Day) (Year) OF INJURY | | 21E. INJURY OCCURRE WHILE AT WORK AT WORK | | Y OCCUR? | |
| | 22. I hereby certify that I attended the deceased from Jan. 27, 1951 to Feb. 21, 1951, that I last saw the deceased alive on Feb. 21, 1951 and that death occurred at 5:55Am., from the causes and on the date stated above. | | | | | |
| 2 | John L. Wilson, Medi | cal Di | rector M. D. | 3B. ADDRESS US Marine Hospit | | |
| DA | REMOVAL (Specify) | 151 | national | 25. FUNERAL DIRECTOR | ocation (City, tow) edercik Pop novaw -387 | ADDRESS SPolarif |
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| MARGIN RESERVED FOR BINDING | LY, WITH UNFADING INK. Every item of information short be sully supplied. The | ruysicians. |
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| The | BIE | S1 1718 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registere | ed No. 1718 |
| | | NAME OF DECEASED NAME OF DECEASED OF DEATH 2 | -19-51 |
| supplied. | Α. | Baltimore City, Maryland Colto, wily 4. USUAL RESIDENCE (Where deceased liver | |
| ully su | HO | SPITAL OR location C. CITY OR TOWN (If outside corporate I | limits, write RURAL and give |
| ylors, | | Yrs. D. STREET ADDRESS (If rural, give location | ~ 5~ |
| nd le | - | Length of stay in Baltimore Days Days | s If Under Year If Under 24 Hours Months Days Hours Min. |
| Sn | 101 | USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) | 12. CITIZEN OF |
| | | Treduct my | 4 WAT COUNTRY |
| death cl | | John Woods Catherine W | ords |
| of | (Yee, | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Walter Peter 277 | 1. Buce & |
| cau | • | 18. 450 / CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| 4 | | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, | 1 month |
| e write | | ANTECEDENT CAUSES | 2011 |
| please | ATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO BILATERA GANGNERO CONTRIBUTIONS (B) BILATERA GANGNERO CONTRIBUTIONS (| 295 / month |
| icians: | FICA | UNDERLYING CONDITION LAST. (c) Hateniosclenosis | Sevenel year |
| Physicians: | CERTIFIC | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| - | | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| mportant. | EDICAL | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR? | ty, give exact location) |
| | Σ - | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE | |
| pecta | | 22. I hereby certify that I attended the deceased from $2-8-191$, to $2-19-191$ | 957, that I last saw the |
| s esp | - | deceased alive on 2-19-, 1951. and that death occurred at 10 5pm., from the causes and o | 23c. DATE SIGNED |
| a | 24. TIQ | A, BURIAL, CREMA- A, BURIAL, CREMA- A, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, to | own, or county) (State) |
| correct | DA | TE RECEIVED BY REGISTRAR'S SIGNATURE 25. JUNEAU DIRECTOR'S | ADDRESS TO |
| 40 | H | 22 1951 that Williams, Ma Clary of Wilson 10 | DO BERNEYEN |
| | | VS 150 | 97 |



| | BI | 3-400 BALTIMORE CITY HE CERTIFICATI | EALTH DEPARTMENT Kegistered No. | | | | |
|---|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|--|--|--|
| | | NAME OF DECEASED JOHN W. BELL | 2. DATE OF DEATH FE 6. | 20 1951 | | | |
| | A. | PLACE OF DEATH: Baltimore City, Maryland Baltimore City FULL NAME OF (If not in hospital or institution, give street address or | 4. USUAL RESIDENCE (Where deceased lived, If inst | | | | |
| | HC | SPITAL OR STATUTION South Bolto. How the netal | c. CITY OR TOWN (If outside corporate limits, w | rite RURAL and give township) | | | |
| . | 1 | Yrs. | D. STREET ADDRESS (If rural, give location) | - | | | |
| | d. | Length of stay in Baltimore 6 da. Mos. | 6901 Dunmanway | 00 | | | |
| | | SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married M | 8. DATE OF BIRTH 9. AGE (in years) # Under | I Year If Under 24 Hours B. Days Hours Min. | | | |
| | 10. | A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR | 2/ 2/ | CITIZEN OF | | | |
| | work | done during most of working life, even if retired) Administrative V.A.Admin. | | WHAT COUNTRY? | | | |
| | 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | |
| | | John F. Bell | Thangaiet 12. | | | | |
| | (Yee | . WAS DECEASED EVER IN U. S. ARMED FORCES? And or unknown) (If yee, give war or dates of service) NO NO NO. | Mrs. John W. Bell Same | | | | |
| | FICATION | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | enary occlusion tensin C-V-Dissort | ONSET AND DEATH | | | |
| | CERTIF | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | etos Wellitus | | | | |
| | CAL | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | | | | | |
| | EDI | LYING OR CONTRIBUTING about home, farm, factory, afreet, office bldg., etc.) LYING OF DEATH CAUSE OF DEATH | | | | | |
| | Σ | 21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE | | | | | |
| | | 22. I hereby certify that I attended the deceased from 726 | · 14 , 1957, to FEB. 20 , 1957, to | hat I last saw the | | | |
| Ш | | deceased alive on Feb. 20, 1957, and that death occur | | | | | |
| | | Dr. C.D. QuiniNO Callelle M.D. S. | BC.H 1213 LIGHT ST 7 | 3c. DATE SIGNED | | | |
| | 24 | A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE N. REMOVAL (Specify) | RY OR CREMATORY 24D. LOCATION (City, town, or | county) (State) | | | |
| | | Burial 2/22/51 Mt.Zion Evan | n. Lutheran Stemmers Run, | Md. | | | |
| | DA | TE RECEIVED BY REGISTRAR'S SIGNATURE | 15 FALL RECTOR NO DIL AL | DRESS | | | |

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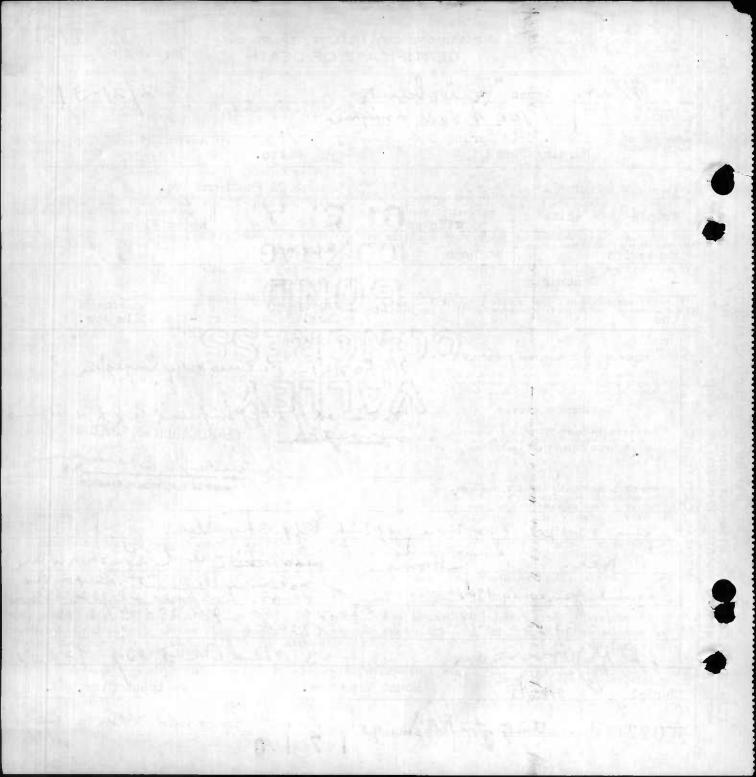
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| לז | PLEASE. RITE 1.1. WITH UNFADING INK. Every item of information should be cully supplied. The correct at its especially important. Physicians: please write the causes of death clear and legisly. | |
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| | | 5 | 1 1720 | | CERTIFICATI | | | Registered : | | 1.720 |
| | ВІ | RTH NO. | | | CERTIFICATI | E OF DEATH | | 8 | | |
| | 1. (T | ype or Privat | eceased Agnes | Fa | irbank | | 2. | OF DEATH 2/ | 2/- | 51 |
| | 3. | PLACE OF D | EATH: City, Maryland / | oo W. | En Dd Shringh | 4. USUAL RESIDEN | NCE (Where | e deceased lived, In | institu | tion : residence before admission) |
| | В. | FULL NAME | | | ion, give street address or | Md. | | | | |
| y. | Nursing Home | | Balto. | (If outs | 2 | 7 (| e RURAL and give township) | | | |
| Ice To | c. | Length of s | tay in Baltimore | | Yrs. Mos. Days | b. STREET ADDRES | outhern | | | |
| and | 5. | female | 6.COLOR OR RACE white | MIDOM | E. MARRIED. YED, DIVORCED (Specify) Sidowed | 8. DATE OF BIRTH | | | onths I | Year Hours 24 Hours Days Hours Min. |
| cleai | 10 work | A. USUAL OC doneduring most Housewif | CUPATION (Give kind of of working life, even if retired) | | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (St. | | | | ITIZEN OF WHAT COUNTRY: |
| death c | 13 | FATHER'S | | a 0 110. | | 14. MOTHER'S MAIL | DEN NAME | | | |
| | 15 | WAS DECEAS | ED EVER IN U. S. ARMEI | FORCECA | I 16. SOCIAL | | | | | |
| ses of | (Ye | s, no or unknown) | (If yes, give war or date | s of service) | SECURITY NO. | Mrs. Zola I | Bailey | | n Ave | |
| causes | | 18. F 9 0 | 3.0 | | CAUSE | OF DEATH | | | | NTERVAL BETWEEN |
| the | | DISEASE OF CONDITION DIFFERING | | | | | | 7 | | |
| | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, | | | | | | | ۸ . | | |
| ase write | injury or complication which caused death.) DUE TO | | | | | | | | | |
| | z | ANTECEDENT CAUSES (B) The elines of Lefthip and left 4 well. | | | | | | | | |
| ple | 9 | RISE TO | S OR CONDITIONS, I | STATING T | | redefi | CERTIFI | CATION APPR | OAFD | BA |
| ns: | CA | UNDERL | YING CONDITION L | AST. | | . * | - 0 | 1 10 m | rea | ham |
| cia | TIFI | 4.5 | n | | (C) - | J. J. | Cante | 7/1/00 | EVALUE. | _M. D. |
| Physicians: please | CER | TRIBUTIN | SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION | NOT RELAT | ED | | - GHIEP 0 | R ASST. MEDICAL | EAAIMIN | ER, |
| | 7 | | OF OPERATION / 1 | 9B. MAJOR | | RATION | L 2001 | 1.0 | | 20. AUTOPSY? |
| important. | DICA | | . 17-1957 | 218. PL | ACE OF INJURY (e. g., i | n or 21c. WHERE DI | D (If in | Baltimore City, | give ex | YES NO L |
| | ED | HOMICIDE | (Specify) | about home, | farm, actory, street, nffice bldg., | (c.) INJURY OCCUR | 0 | ine so | with | uryan |
| im | Σ | 21D. TIME OF INJURY | (Month) (Day) (Year | | 21E. INJURY OCCURR | | | CONR? | .B. | if on the |
| ally | | aron | - Jan 20. 2 | | | Leon. | 15e | poped + | | to flour |
| especia | | 22. I hereby certify that I attended the deceased from 5. 20, 150, to feb. 20, 195, that I last saw the deceased alive on 3 20, 195, and that death occurred at 7:30 m., from the causes and on the date stated above | | | | | | | | |
| | | | live on 3 20 | _, 1954 | and that death occur | rred at 1.30 m., | from the c | causes and on | | te stated above |
| IS | | 23 SIGNA | 76/0hm | nes | M. D. | 403 Me | -da | US B. | 9 3 | 121-61 |
| es es | 2. TI | 4A. BURIAL. ON, REMOVAL (| CHENA- 248. DATE | | 245. NAME OF CEMETE | | 24D. LOCA | TION (City, tow) | | |
| ect | _ | Burial | 2/23/5 | | Mount Vie | | -0 | Ellicott | 4 | |
| correct | | ATE RECEIVE | TRAR | S SIGNATI | N/s | 25. FUNERAL DIRE | Jin la | mer & | ADD | - salto |
| | 1 | EB 221 | 9511 1600 | The state of the s | Applicant VI | 171/0 | Julie | 7007 170 | | · ma. |
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| BIRTH | NO. |

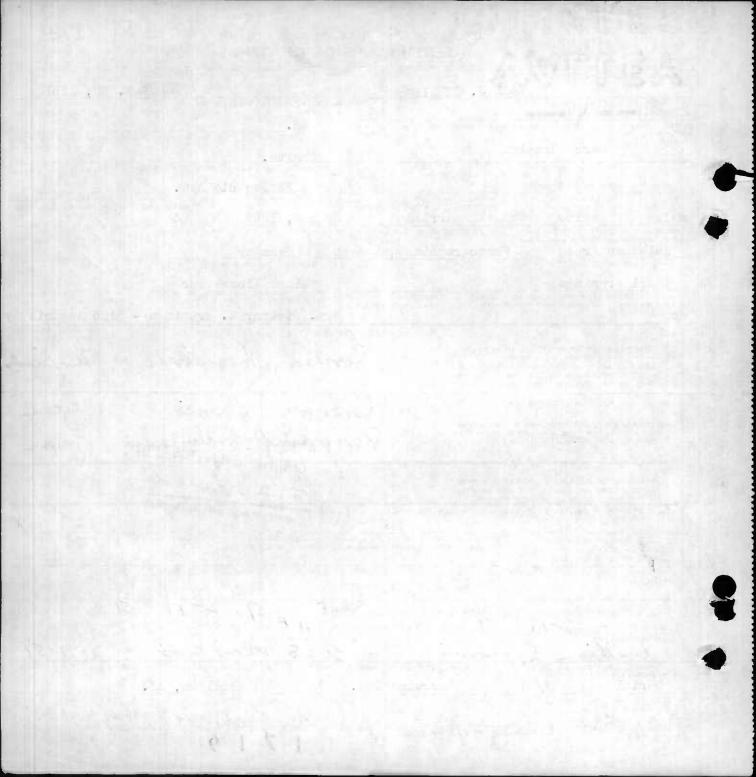
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1721

940

Registered No-

| 1. NAME OF DECASED (Type or Print) KARL J. BRUNING 2. DATE OF DEATH O | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital C. Length of stay in Baltimore S. SEX G. COLOR OR RACE T. SINGLE, MARRIED WIDOWED, DIVORCED (Speeds) WIDOWED, DIVORCED (Speeds) Maried June 3, 1886 Jun | | | | | |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland 8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Mercy Hospital C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. Days 8. DATE OF BIRTH 9. ACE (If yours! Flibble I have township the white of wind deading most of workinglife, even if restreet) SALE SISSEN 100. USUAL OCCUPATION (Give hierded work deaded wind, general controlling the work deaded wind most of workinglife, even if restreet) SALE SISSEN 100. USUAL OCCUPATION (Give hierded work deaded wind, general controlling the work deaded wind most of work deaded wind most of workinglife, even if restreet) SALE SISSEN 100. USUAL OCCUPATION (Give hierded work deaded wind, general controlling the work deaded wind, general controlling the work of dates of service) 101. BIRTHPLACE (State or foreign country) 102. WAS DECEASED EVER IN U. S. ARMED FORCES? 103. FATHER'S NAME 104. MOTHER'S MAIDEN NAME Minna Klocketter 105. WAS DECEASED EVER IN U. S. ARMED FORCES? 106. SOCIAL (Yee, go or unknown) 107. INFORMANT Mrs. Eleanor M. Brunings 108. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, go or unknown) 108. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, go or unknown) 109. DATE OF OPERATION 109. DATE OF OPERATION 109. DATE OF OPERATION 109. DATE OF OPERATION 109. MAJOR FINDINGS OF OPERATION 109. DATE OF OPERATION 109. DATE OF OPERATION 109. MAJOR FINDINGS OF OPERATION 109. DATE OF OPERATION 109. MAJOR FINDINGS OF OPERATION 109. DATE OF OPERATION 109. DATE OF OPERATION 109. DATE OF OPERATION 109. MAJOR FINDINGS OF OPERATION 109. DATE OF OPERATION 109. DATE OF OPERATION 109. MAJOR FINDINGS OF OPERATION 109. DATE OF OPERATION 10 | | | | | |
| Conting Cont | | | | | |
| Balto. C. Length of stay in Baltimore S. SEX G. COLOR OR RACE T. SINGLE MARRIED. WIDOWED DIVORCED (Specify) Male White White Widowed Divorced (Specify) Male White S. DATE OF BIRTH June 3, 1886 At 100, 1877-1986 June 3, 1886 At 201 13. FATHER'S NAME Karl Brunings 15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN WAS DECEASED EVER IN U. S. ARMED FORCES? IN JURY OF COMPILED TO THE DECEASE OF CONDITION LAST. ON SET AND DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITIONS OF OPERATION TO THE DEFARME OF CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF OPERATION JAN DECEASED EVER IN U. S. ALTING THE UNDER COLOR OF INJURY (S. g., in or or of the DEATH, BUT NOT RELATED TO THE DETAIL OF CONTRIBUTING OF THE DIVING OF THE D | | | | | |
| C. Length of stay in Baltimore C. Length of stay in Baltimore Days STREET ADDRESS (If rural, give location) 3135 Sequoia Ave. 3135 Sequoia Ave. SLENGTH Months Days Hours Min Partied OA. USUAL OCCUPATION (Give kinded) Months Days Hours Min Partied OA. USUAL OCCUPATION (Give kinded) Sale Saman (rtd) Sale Sam | | | | | |
| C. Length of stay in Baltimore S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Mon | | | | | |
| c. Length of stay in Baltimore Days S. SEX G. COLOR OR RACE Milows Divorced (Specify) Male White Days S. SEX G. COLOR OR RACE No. SIGNEL MARRIED. WIDOWED, DIVORCED (Specify) Married June 3, 1886 Married Married Married June 3, 1886 Married Married June 3, 1886 Married Married June 3, 1886 Married Married Married Married Married Married June 3, 1886 Married Marrie | | | | | |
| Male white White Tisk Married Specify Married Married Specify Married Specify Married Married Specify Married | | | | | |
| male white married June 3, 1886 64 10. USUAL OCCUPATION (Give kinded) 10. KIND OF BUSINESS OR INDUSTRY Salesman (rtd) Photographic Equipment Germany Salesman (rtd) Photographic Equipment Germany 12. CITIZEN OF WHAT COUNTRY Salesman (rtd) Photographic Equipment Germany 13. FATHER'S NAME 13. FATHER'S NAME Minma Klocketter Minma | | | | | |
| WHAT COUNTRY Salsman (Ttd) Photographic Equipment Germany 13. FATHER'S NAME Karl Brunings 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) 18. Jean or unknown) (If yee, give war or dates of service) 19. Jean or unknown) (If yee, give war or dates of service) 10. Jean or unknown) (If yee, give war or dates of service) 11. INFORMANT ADDRESS CAUSE OF DEATH (This does or condition Directly (This does or mode of wing, e.g., heart failure, asthenia, etc. I thenen the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DESTANCE OR CONDITION CONSTRUCTION OF THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION CHIEF OR ASST. MEDICAL EXAMBLES OR CONTRIBUTING Should bome, farm, factory, street, officeabidge, etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED OF INJURY OCCU | | | | | |
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| 13. FATHER'S NAME Karl Brunings 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) 16. SCURITY NO. SECURITY NO. 17. INFORMANT Mrs. Eleanor M. Brunings - 3135 Sequoia A CAUSE OF DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING Shouthome, farm, factory, street, effice bleg, etc.) 19A. DATE OF OPERATION 21B. PLACE OF INJURY (A. g., in or 21c. WHERE DID (If in Baltimore City, give exact Jocation) 11JURY OCCUR? 21I. INJURY OCCUR? | | | | | |
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| OF INJURY WHILE AT NOT WHILE | | | | | |
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| m. WORK AT WORK | | | | | |
| 22. I hereby certify that I attended the deceased from Sept , 1937 to 2-17, 1951, that I last saw the | | | | | |
| deceased alive on 2-17, 1951, and that death occurred at 11 Pm., from the causes and on the date stated above | | | | | |
| 23A. SIGNATURE. D 7 . 23B. ADDRESS A A . 23C. DATE SIGNED | | | | | |
| William L. Horney M.D. 3025 Below Road 2-21-51 | | | | | |
| 24A. BURIAL, CREMA- 24B. DATE 10N, REMOVAL (Specify) 24D. LOCATION (City, town, or county) (State) | | | | | |
| Burial 2/22/51 Lorraine Cem. Woodlawn. Md. | | | | | |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE 1.25 FUNERAL/DIRECTOR ADDRESS // | | | | | |
| LOCAL REGISTRAR | | | | | |
| Jan | | | | | |
| VS 150 | | | | | |



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| | supplied. | |
| -1 | cully | oly. |
| | IE LY, WITH UNFADING INK. Every item of information should be cully supplied. The | portant. Physicians: please write the causes of death clear and leg-bly. |
| 75 | nation sh | eath clear |
| MARGIN RESERVED FOR BINDING | of inform | ses of de |
| FOR I | ry item | the can |
| SERVEI | K. Eve | ase write |
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PLEASE correct ag

| | N-630 | 476 | 34 |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------|
| 8 | | TE OF DEATH Registered N | 1722 |
| | NAME OF DECEASED Type or Print) Louisa Noretti | 2. DATE OF Feb. | 21, 1951 |
| A | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address | 4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY Maryland | institution : residence before admission |
| H | OSPITAL OR location 2706 Mura Street | | write RURAL and give |
| С | Yr Mo Length of stay in Baltimore Da | b. STREET ADDRESS (If rural, give location) | |
| 1 | female white race 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Markied) | May 4, 1874 9. AGE (In years last birthday) 76 | Under I Year If Under 24 Hours nths Days Hours Min. |
| woi | DA. USUAL OCCUPATION (Give kind of loss. KIND OF BUSINESS OR INDUST 110USEWIIE | 11. BIRTHPLACE (State or foreign country) Italy | 12. CITIZEN OF WHAT COUNTRY |
| 1: | 3. FATHER'S NAME Noretti | 14. MOTHER'S MAIDEN NAME | |
| (Y | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO | Mrs. George Brine, 2706 Mura | Street |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | or Sept Vimbridian failure | INTERVAL BETWEEN |
| NOIL | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | houmatic endocaliti | untimo |
| RTIFICATION | UNDERLYING CONDITION LAST. | | |
| CER | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | nunlum | when |
| SAL | 19a. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OF | | YES NO |
| MEDICAL | 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. ebout home, farm, factory, street, office ble | | ive exact location) |
| | OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCU | | |

22. I hereby certify than & attended the deceased from 19_1. and that death occurred at 1949, to 11 , 1951, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

deceased aliver 2 warm way

238. ADDRESS dry 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY

248. DATE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 2/22/51 removal

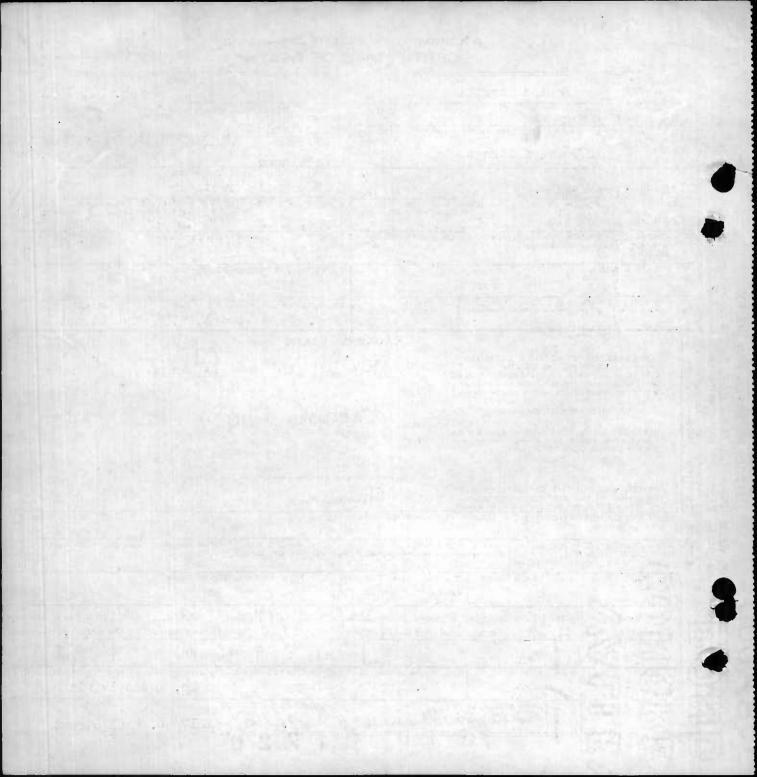
St. Mary's Cemetery Latrobe, Pennsylvania NER L BIRECTOR

REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

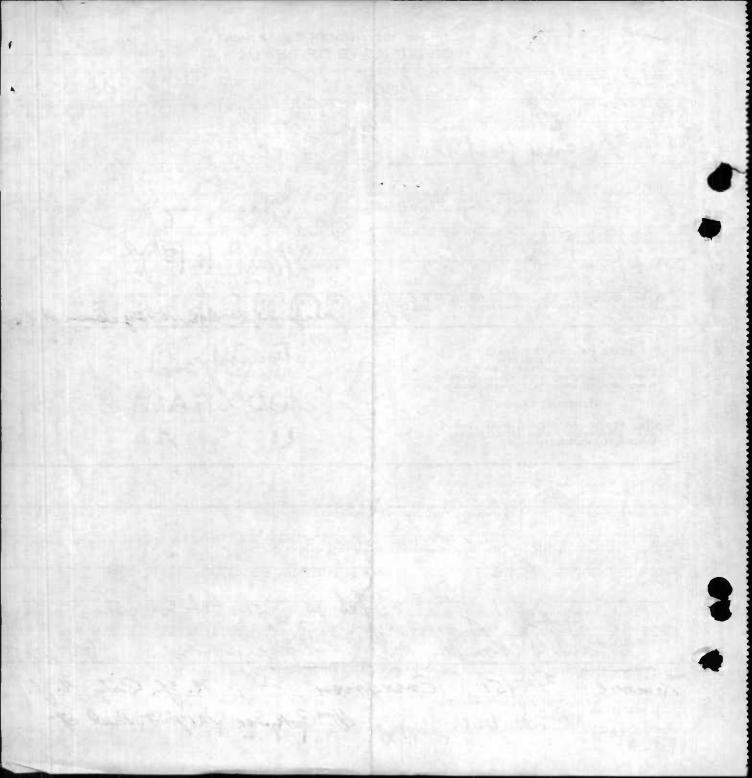
1217 St. Paul Street

ADDRESS

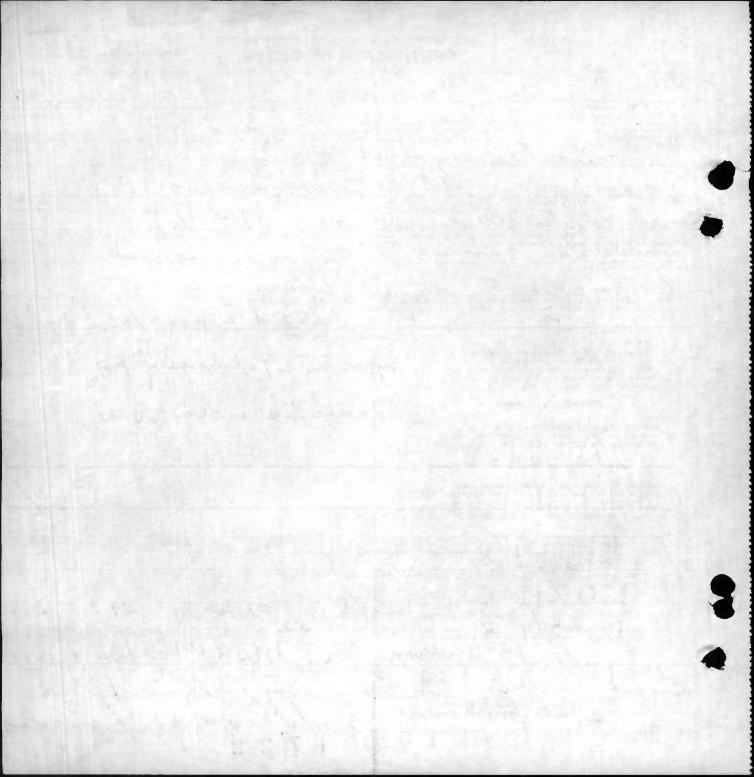
(State)



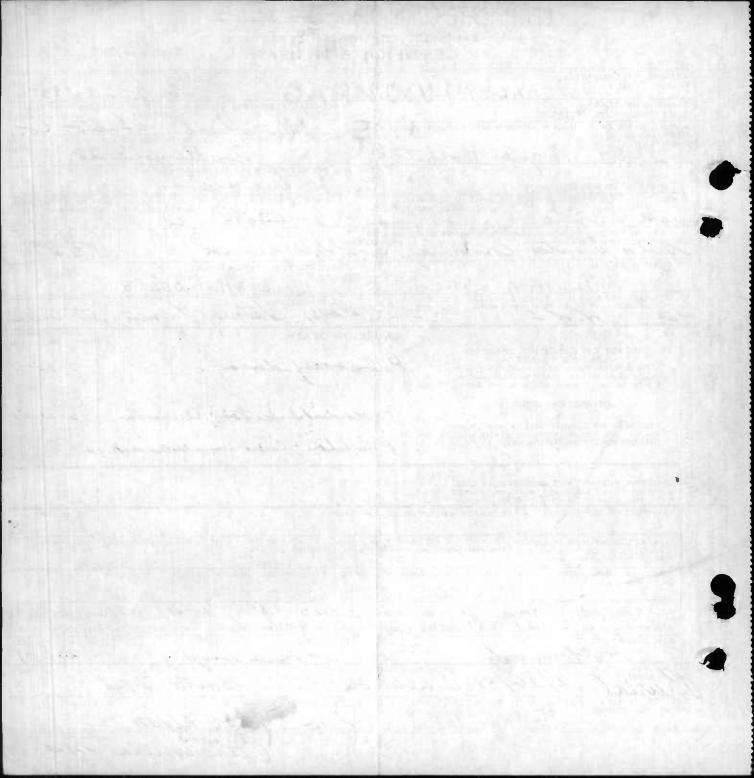
| | AMOD BALTIMORE CITY H | SEALTH DEPARTMENT 51 | 1723 |
|-----------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | E OF DEATH Registered No. | THE RESERVE TO SERVE THE PARTY OF THE PARTY |
| = | Type or Print) | 2. DATE OF | R232~. |
| | B. PLACE OF DEATH: | DEATH 4. USUAL RESIDENCE (Where deceased lived, If ins | |
| | a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of | | , before admission) |
| | HOSPITAL OR NSTITUTION Mercy Hospital location | c. CITY OR TOWN (If outside corporate limits, w | vrite RURAL and give township) |
| | Yrs. Mos. Days | | into Clase |
| | 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify | 8 DATE OF BIRTH 9, AGE (In years) If Und | er l Year If Under 24 Hours as Days Hours Min. |
| - | OA. USUAL OCCUPATION (Give kind of rek done during most of working life, even if retired) INDUSTR | Y (11. BIRTHPLACE (State or foreign country) 12 | CITIZEN OF WHAT COUNTRY? |
| | 3. FATHER'S NAME Sheehan | 14. MOTHER'S MAIDEN NAME May Change Weston | |
| 0 | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT ADD ADD Margaret Tasker, 15-204 cl | RESS A X 74 |
| MOLENCIAL | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) | ancreatic Carcinoma | |
| 1 | TO THE DISEASE OR CONDITION CAUSING IT. | | |
| - | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE | RATION | YES NO |
| 010 | CAUSE OF DEATH | | exact location) |
| | 21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCUR! OF INJURY WHILE AT NOT WHILE | | |
| | 22. I hereby certify that I attended the deceased from | | that I last saw the |
| | deceased alive on 2000, 19 and that death occu | urred at Am., from the causes and on the | date stated above. |
| | 23 ACSIGNATURE 1. fasik Mile | mercy Hosp | 236/DATE SIGNED |
| - | REMOVAL (Specify) Removal (Specify) Removal (Specify) | | county) (State) |
| | DATE RECEIVED BY REGISTRAR'S SIGNATURE | 125. FUNERAL DIRECTOR 1217 St. Paul | DDRESS |
| = | EB 5 130 1951 | 0 17217 | 1169. |

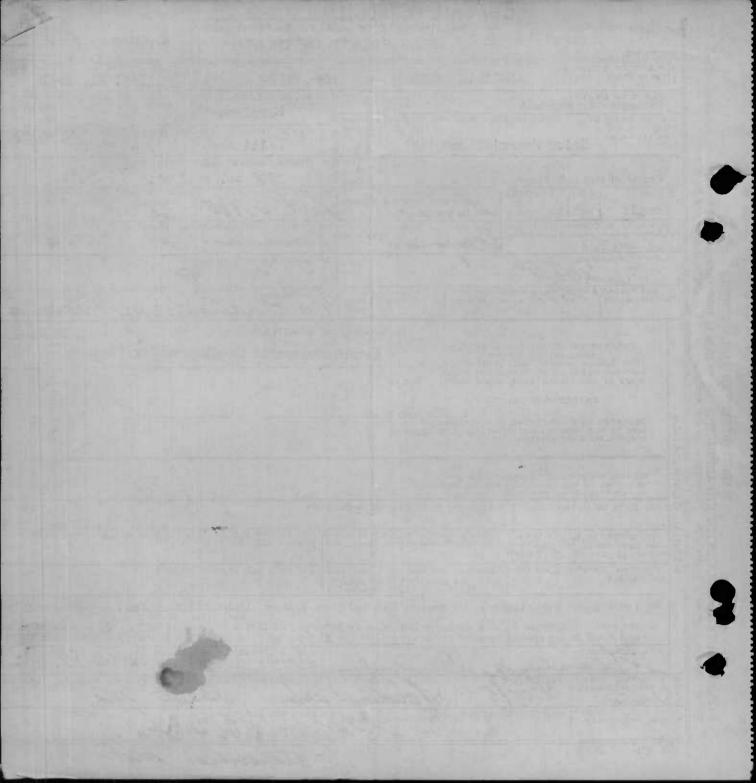


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ully supplied. OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital of incitution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RUBAL and give CITYLOR INSTITUTION Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 5 SEX 6. COLON OR RACE 7. SINGLE, MARRIED. (Specify) ACT (in years | f Under | Year | ff Under 24 Hours | Manthagy | Months | Days | Hours | Min. If Under 24 Hours 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACE (State or foreign country) KIND OF BUSINESS OR 12. CITIZEN OF INDUST WHAT COUNTRY? information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nemoun 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO. of 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 2 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CATI UNDERLYING CONDITION LAST. INFADING hysicians: MARGIN (C) 正 RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY mportant. CA YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) ā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 19 L, that I last saw the 22. I hereby certify that I attended the deceased from few 195 and that death occurred at 5 deceased alive onter a., from the causes and on the date stated above. 23A. SIGNATURE 23c. DA 24A. BURIAL, CREMA-TICON REMOVAL (Specify) nua DATE RECEIVED BY REGISTRARIS SIGNATURE LOCAL REGISTRAR



| | 1 1 | CERTIFICATE CORRECTE | D | |
|-----------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------|
| 1 | 1 | 54 4727 BALTIMORE CITY HE | EALTH DEPARTMENT Registered No | 1727 |
| The | В | IRTH NO. CERTIFICATI | E OF DEATH Registered No | 0 |
| | 1. | NAME OF DECEASED Type or Print) | 2. DATE OF 2 - | 21-195-1 |
| supplied. | | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived. If in | nstitution : residence |
| | В. | FULL NAME OF (If not in hospital or institution, give street address or | Maryland OSa | before admission) |
| fully y. | | OSPITAL OR RESTITUTION A A A A A A A A A A A A A A A A A A A | c. CITY OR TOWN (If outside corporate limits, | write RURAL and give township) |
| A local | | Yrs. Mos. | D. STREET ADDRESS (If rural, give location) | |
| be d | | Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. | 8. DATE OF BIRTH 9 AGE (IN YEARS) HI | 300 |
| and be | n | nale white WIDOWED, DIVORCED (Specify) | | ths Days Hours Min. |
| sk | wor! | OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k days during most of morting life, ever in etired) . INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 2. CITIZEN OF WHAT COUNTRY? |
| tion h el | 13 | BATHER NAME | 14. MOTHER'S MAIDEN NAME | U, S. H. |
| information of death cl | | WILLIAM LYNCH | LIILIAN. GOBLES. | |
| infor s of d | 15 (Ye | 5. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. | | DRESS |
| of of ises | 7 | 24 W.W. I 217-09-0217 | Miss. I lance of freh, | atorsoule |
| Every item write the cau | | DISEASE OR CONDITION DIRECTLY | OF DEATH | ONSET AND DEATH |
| y it | | (This does not mean the mode of dying, e.g., | orany Edema | 2-20-51 |
| VED Ever | | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | | |
| | | ANTECEDENT CAUSES | 1:11 1 + | |
| KESE INK. | TION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | adus Infantor; amunda. | 2-21-51 |
| N.G. | CAT | UNDERLYING CONDITION LAST. (C) Figure 1 | Vator · Cerebro · Vancalus accident | CAR |
| MARGIN UNFADING Physicians: | IL I | | | |
| MA NF/ | ERTI | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED | | |
| | U | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | RATION | 20. AUTOPSY? |
| WITH rtant. | CAL | | | YES NO |
| LY, WITH | EDICA | 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e CAUSE OF DEATH | | ve exact location) |
| E.E | Σ | 21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE | ED 21F. HOW DID INJURY OCCUR? | |
| a | | m. WHILE AT NOT WHILE | | |
| TE | | 22. I hereby certify that I attended the deceased from | 0 - 20, 1951, to 2-21, 1951, | that I last saw the |
| H | | deceased alive on 2 - 2 /, 19 57, and that death occur 23A. SIGNATURE | rred at 4.034 m., from the causes and on the | date stated above. |
| R | | Aplasnowski M.D. | It tames How. | 2-21-51 |
| SE | 24 J19 | AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETEI | 7 | r county) (State) |
| PLEASE correct a | /_ | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 270000 | ADDRESS |
| PI | LC | DCAL REGISTRAR | Jules march & Non | ADDRESS |
| | - | F VS 150 | 3 | 75/ |
| | | 5648 | 2 Calonsville | 940 |





before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c, DATE SIGNED

Md

ADDRESS

NO

THE DEMONSTRATE LEVEL AND THE PARTY OF THE P

| 16 | 560 51 1728 CERTIFICATE COR | RECTED 3-1-51 | | | | |
|-------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|--|--|--|
| 0 | BALTIMORE CITY HEALTH DEPARTMENT Registered | | | | | |
| | IRTH NO. | | | | | |
| | Type or Print) | 2. DATE OF February 21/95 | | | | |
| | . PLACE OF DEATH: . Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. STATE B. COUNTY before admission) | | | | |
| H | FULL NAME OF (If not in hospital or institution, give street address OSPITAL OR | | | | | |
| | NSTITUTION SONAS ROPKINS ROSPITEI | Roanske, township) | | | | |
| | Yrs Mo: | | | | | |
| | Length of stay in Baltimore Day SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours | | | | |
| 1 | male white Dwares (Speci | last birthday) Months Days Hours Min. | | | | |
| 10 worl | DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTI | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13 | unknown Proprietor Shoe Shop | Unknown Halifax Co., Va. | | | | |
| | William & Conner | Raze-Adomin | | | | |
| (Ye | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO | 17. INFORMANT JONES ROPKINS HOSPITAL ADDRESS | | | | |
| ATION | DISEASE OR CONDITION DIRECTLY | unité heat duesie E 10 yrs. tral slavour. what inholism (day. (over) | | | | |
| CERTIFICA- | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | |
| AL | 2-20-51 Thurbord lef | t auricle. | | | | |
| EDIC | 21a. ACCIDENT WAS UNDER. LYING ☐ OR CONTRIBUTING ☐ about home, farm, factory, street, office bld CAUSE OF DEATH | | | | | |
| Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY NOT WHILE AT NOT WHI | RED 21F. HOW DID INJURY OCCUR? | | | | |
| | (E) | | | | | |
| | deceased alive on 2-2), 195), and that death occ | | | | | |
| | 23A. SIGNATURE M. O. | 236. ADDRESS HOPEIRS KOSPITAL 23C. DATE SIGNED 2-22-57 | | | | |
| 7 24 110 | 4A. BURIAL, GREMA- ON, REMOVAL (Specify) Removal 2/22/51 | Danville Va (State) | | | | |
| | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTORY ADDRESS | | | | |
| 1 | VS 150 | md. | | | | |

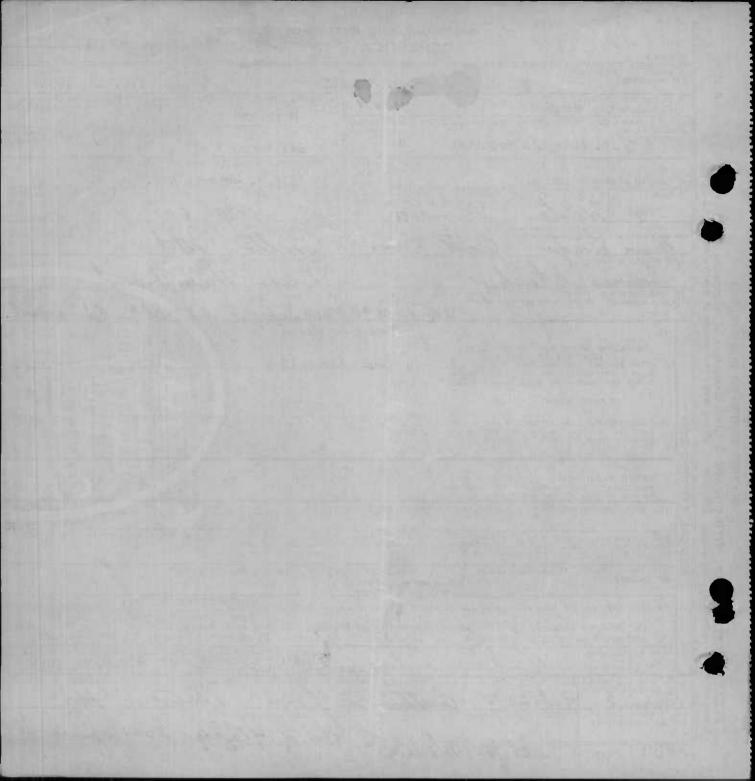
DO NOT COPY ON ANY TRANSCRIPTS I to the control of accompany (for statistical purposes only) I alive RF at the win of death Swicegood ful Home eractor, quescont - a disoner 564 Un Main Il. 6 dates ? See Document File 51-1728 Parville, Va. In answer to query as to activity of rheumatic fever at the time of death -- received Provisional -anatomical diagnosis, autopsy complete. 3/7/51 ES . S. C. S. L. S. L

BINDING

FOR

RESERVED

MARGIN

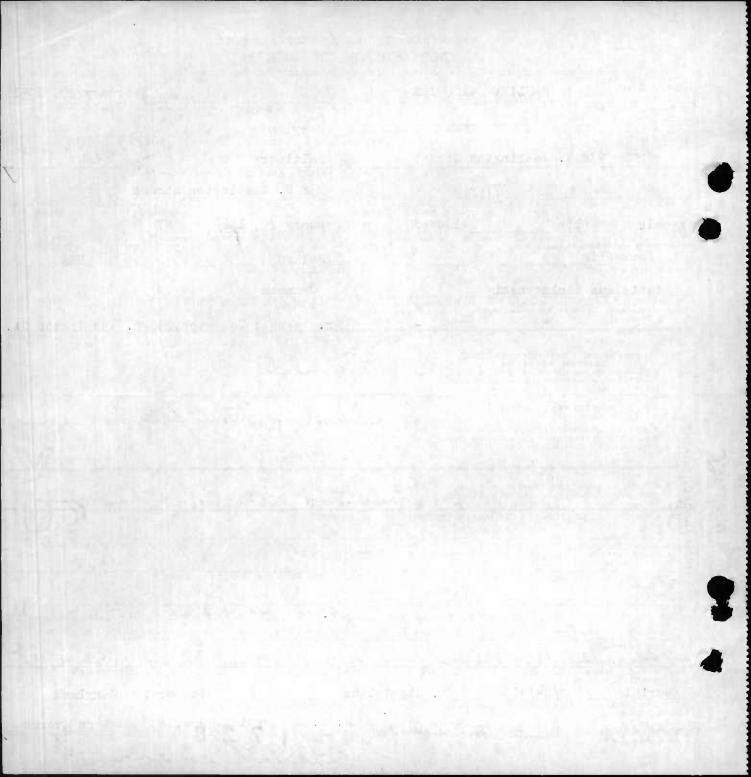


BALTIMORE CITY HEALTH DEPARTMENT

41770

| 1. NAME OF (Type or Print) | | | CERTIFICATI | E OF DEATH | negi | stered No | |
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| 1. NAME OF DECEASED (Type or Print) PAULINE WASOWICZ | | | 2. DATE OF DEATH February 20, 1951 | | | | |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE | (Where deceases | | tution; residence before admission | |
| B. FULL NAME OF (If not in hospital or institution, give street address or | | | Maryland | | | 4 | |
| HOSPITAL OR location) | | | | (If outside corpo | rate limits, wr | RURAL and gi | |
| 00 | 238 S. Washington Street | | | Baltimore | | | |
| | | 77 | Yrs. Mos. | o. STREET ADDRESS (| | | |
| Length of stay in Baltimore (/ Yrs Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. | | | 238 S. Washington Street 8. DATE OF BIRTH 9. AGE (In years) 11 Under 14 House 24 House | | | | |
| Female | White | WIDOWE | D, DIVORCED (Specify) | January 25, 186 | last birtl | nday) Months | Vear |
| 10A. USUAL Of ork done during most House | CCUPATION (Give kind of t of working life, even if retired) | 10B. KIND | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State of | foreign country | 7) 12. | CITIZEN OF WHAT COUNTRY |
| 13. FATHER'S | | | | Poland 14. MOTHER'S MAIDEN | NAME | | USA |
| Stanial | laus Sachczyns | skoi | | Unknown | The | | |
| 15. WAS DECEAS | SED EVER IN U. S. ARME | D FORCES? | 16. SOCIAL | 17. INFORMANT | | ADDR | ESS |
| # | (If yes, give war or date | s of service) | SECURITY NO. | Mr. Bernard Was | owing 23 | | |
| 18. 4 | 0.0 | | CAUSE | OF DEATH | 001102.2 | | INTERVAL BETWEE |
| Z O DISEASE RISE TO | ANTECEDENT CAUSES OR CONDITIONS, I | SES F ANY, GIVING | (B) | enlight art | en se | luvis | year |
| UNDERL | YING CONDITION LA | | (C) | | | | |
| OTHER TRIBUTIN | SIGNIFICANT CONDI | ITIONS CON- | Bhum. | atoid arthu | tis - L | hnee | years |
| OTHER TRIBUTIN TO THE O | II SIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION | ITIONS CON- NOT RELATED CAUSING IT. | Rhum | | tis - L | hnee | years 20. AUTOPSY? |
| OTHER TRIBUTIN TO THE CONTROL OF THE | SIGNIFICANT CONDIG TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION 1 | ITIONS CON- NOT RELATED CAUSING IT. 19B. MAJOR F | Bhum | ATION or 21c. WHERE DID | | | 20. AUTOPSY7 YES NO exact location) |
| OTHER TRIBUTIN TO THE COME TO THE | SIGNIFICANT CONDIGETOR TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION OR CONTRIBUTING DEATH (Month) (Day) (Year | ITIONS CON- NOT RELATED & CAUSING IT. 19B. MAJOR F | Bhum, FINDINGS OF OPER | a or 21c. WHERE DID INJURY OCCUR? | (If in Baltimo | | YES NO |
| OTHER TRIBUTING TO THE COLUMN | SIGNIFICANT CONDIGETOR TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION OR CONTRIBUTING DEATH (Month) (Day) (Year | ITIONS CON- NOT RELATED CAUSING IT. 19B. MAJOR F 21B. PLAC about home, fars (Hour) 21 WH | FINDINGS OF OPER E OF INJURY (e. g., in, factory, atreet, office bidg., e | a or 21c. WHERE DID INJURY OCCUR? | (If in Baltimo | | YES NO |
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| OTHER TRIBUTIN TO THE COME TO THE TRIBUTING TO THE COME TO THE THE TRIBUTING TO THE | SIGNIFICANT CONDIGETOR TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) | ITIONS CON- NOT RELATED CAUSING IT. 19B. MAJOR F 21B. PLAC about home, farm (Hour) 21 m. WH tended the do | FINDINGS OF OPER E OF INJURY (e. g., in m, factory, street, office bidg., e IE. INJURY OCCURR. III.E AT NOT WHILE AT WORK eceased from Again that death occur | a or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY 1949, to 1 red at 2. 27 p. m., from | (If in Baltimo | re City, give | ves No exact location) |
| OTHER TRIBUTIN TO THE COME TO THE TRIBUTING TO THE COME TO THE THE TRIBUTING TO THE | SIGNIFICANT CONDIG TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION 1 DENT WAS UNDERDER CONTRIBUTING DEATH (Month) (Day) (Year by certify that I attalive on Feb. 12 | ITIONS CON- NOT RELATED CAUSING IT. 19B. MAJOR F 21B. PLAC about home, farm (Hour) 21 m. WH tended the do | Rheum. FINDINGS OF OPER THE OF INJURY (e. g., in m, factory, street, office bldg., etc. THE AT NOT WHILE AT WORK THE AT | a or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY 1949, to 1 red at 2. 27 p. m., from 38. ADDRESS | (If in Baltimo | re City, give , 19 5 1, the and on the d | ves No exact location) nat I last saw tate stated about 3c. DATE SIGNE |
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| OTHER TRIBUTING TO THE CONTROL OF INJURY 21A. ACCIDENT TO THE CONTROL OF INJURY 22. I here deceased to 23. SIGNA 24A. BURILL TION, REMOVEL. BURIAL | SIGNIFICANT CONDIGETOR TO THE OEATH, BUT DISEASE OF CONDITION OF OPERATION IN THE OEATH OF CONTRIBUTING DEATH (Month) (Day) (Year dive on Feb. 12 ATURE ATURE CREMA- 24B. DATE Specify) 2/24/51 | ITIONS CONNOT RELATED CAUSING IT. 198. MAJOR F 218. PLAC about home, farm (Hour) 21 m. WH w. tended the de. 1951. ar 244. | FINDINGS OF OPER E OF INJURY (e.g., in m, factory, street, office bidg., et IE. INJURY OCCURR INTERNATION NOT WHILE AT WORK ecceased from Ag and that death occur M. D. 44 IC. NAME OF CEMETE it. Stanislau | ation a or 21c. Where DID INJURY OCCUR? ED 21f. HOW DID INJURY 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | (It in Baltimo RY OCCUR? Sh. 20 the causes a LOCATION (C) Baltimore | , 1951, the and on the defity, toward with the defity, toward with the defity. | exact location) at I last saw to the stated about the st |
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| OTHER TRIBUTING TO THE CONTROL OF INJURY 22. I here deceased of 234 SIGNA 24A. BURIAL, TION, REMOVAL (Burial) Date Received | SIGNIFICANT CONDIGORATION OF OPERATION 1 DENT WAS UNDERDER CONTRIBUTING DEATH (Month) (Day) (Year) Total Contribution of the contribution on Feb. 12 ATURE CREMA- Specify; 2/24/51 ED BY I REGISTRAR | ITIONS CONNOT RELATED CAUSING IT. 198. MAJOR F 218. PLAC about home, farm (Hour) 21 m. WH w. tended the de. 1951. ar 244. | FINDINGS OF OPER E OF INJURY (e.g., in m, factory, street, office bidg., et IE. INJURY OCCURR INTERNATION NOT WHILE AT WORK ecceased from Ag and that death occur M. D. 44 IC. NAME OF CEMETE it. Stanislau | ation a or 21c. Where DID INJURY OCCUR? ED 21f. HOW DID INJURY 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | (If in Baltimore) RY OCCUR? The causes a LOCATION (C. Baltimore) | , 1951, the and on the defity, towo for the AD | exact location) at I last saw to the stated above the st |

MARGIN RESERVED FOR BINDING



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, with RURAL and give C. CITY-OR TOWN INSTITUTION (If rural, give location. Yrs. D. STREET ADDRESS Mos. 2004 c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTR information s of death cle alexman 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO causes item 18. 442X OF DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 FH OTHER SIGNIFICANT CONDITIONS CON-W TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION WITH important. (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or ā HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY ecially NOT WHILE! 22. I hereby certify that I attended the deceased from Dec. 20, 1950 to Feb. 20, 195%, that I last saw the 23A. SIGNATURE 238. ADDRESS S 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE PLEASE laylor 3

deceased alive on Feb. 17, 1957, and that death occurred at 9: P m., from the eauses and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county)

ureal DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

before admission)

If Under 1 Year

ADDRESS.

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

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AND THE RESERVE OF THE PERSON OF THE PERSON

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| | . J | BALTIMORE CITY HE CERTIFICATI | EALTH DEPARTMENT | Registered No. | | |
| | RTH NO. | | | | | |
| | NAME OF DECEASED ype or Print) Barbara | Miller | | OF DEATH Leb 22 | 1951 | |
| S. PLACE OF DEATH: A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (V | Where deceased lived. If ins | before admission) | |
| B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) | | | c. CITY OR TOWN (III | odside corporate limits, M | RURML and give township) | |
| Yrs. Mos. | | | 10 - 1 | rural, give location | | |
| - | Length of stay in Baltimore SEX 6.COLOR OF RACE 7. SIN | Days | 12000 | Jackey July | I Very 1 If Heder 24 hours | |
| 7 | | IGLE, MARRIED. OWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years II Und last birthday) Month | s Days Hours Min. | |
| 10 work | A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) | 11. BIRTHPLACE (State or fo | oreign country) 12 | CITIZEN OF WHAT COUNTRY? | | |
| 13 | FATHER'S NAME | | 14. MOTHER'S MAIDEN N | AME | | |
| | Tuknowy | | Unkness | ister / | | |
| 15 (Yes | . WAS DECEASED EVER IN U. S. ARMED FORCE , oo or ooknowo) (If yes, give war or dutes of service | S? 16. SOCIAL SECURITY NO. | 17. INFORMANT | Ith Plans | RESS | |
| | 18. 334X | CAUSE | OF DEATH | 1 1000 00-00 | INTERVAL BETWEEN | |
| | DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused | re.g., (A) | cleral arterio | Selevisis | 10 yc | |
| 7 | ANTECEDENT CAUSES | 6 | Enonic My a | cardeles | 5 4c | |
| ERTIFICATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | | | | |
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| TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? | |
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| EDICAL | 21A. ACCIDENT. SUICIDE, 21B. HOMICIDE (Specify) about b | PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg., | | If in Baltimore City, give | exact location) | |
| Σ | 21D. TIME (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID INJUR | Y OCCUR? | | |
| | OF INJURY | | | | | |
| 22. I hereby certify that I attended the deceased from 1 av. 10, 1932, to A. 22-, 1952, that I last san deceased alive on A. 20-, 1952, and that death occurred at 4-10 A m., from the causes and on the date stated a | | | | | | |
| | | | | | | |
| 24a. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City town, or county) (State) | | | | | | |
| | DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 25. FUNERAL DIRECTOR ADDRESS | | | | | |

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) HENRY S. MILLER OF Feb. 22, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marine Hospital location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Wyman Pk. Drive & 31st St. township Chicago Yrs. D. STREET ADDRESS (If rural, give location) 40 days Mos. 5232 N. Laport Street c. Length of stay in Baltimore Dave 6. COLOR OR RACE 9. AGE (In years If Under Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 7/17/94 Married 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Tll. Seafarer Captain TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Miller Martha ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT (Yes, po or unknown) SECURITY NO Records- US Marine Hospital, Balto, Md. No 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Carcinoma of Lefs Lung LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ы TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 2 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) INJURY OCCUR? ebout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from Jan. 13 19 51 to Feb. 22 , 1951, that I last saw the deceased alive on Feb. 22, 1951, and that death occurred at \$05 Pm., from the causes and on the date stated above. 23A. SIGNATURE US Marine Hospital, Balto, Md. 2/22/51 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OCAL REGISTRAR 10m4006 01 VS 150

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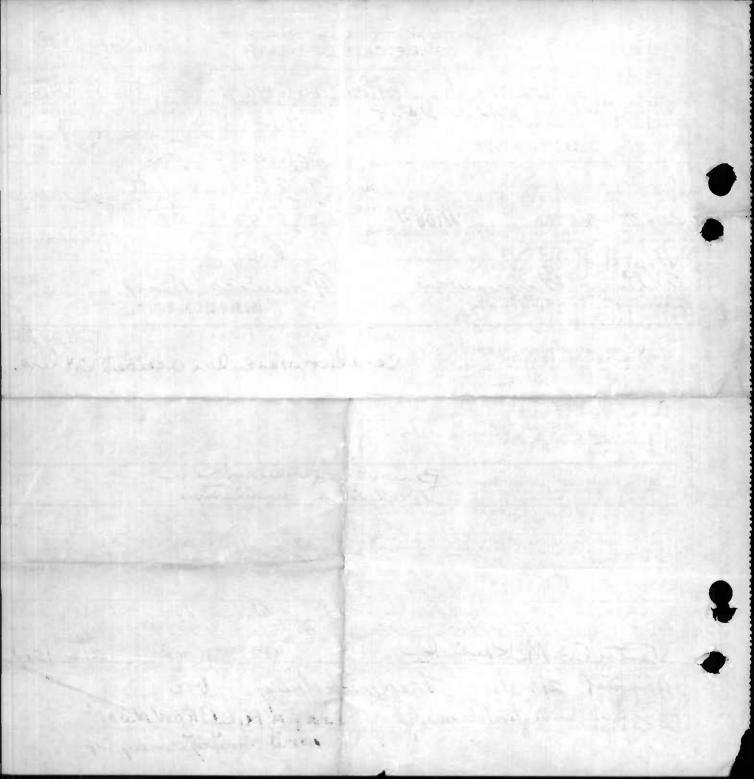
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WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY



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before admission)

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WHAT COUNTRY?

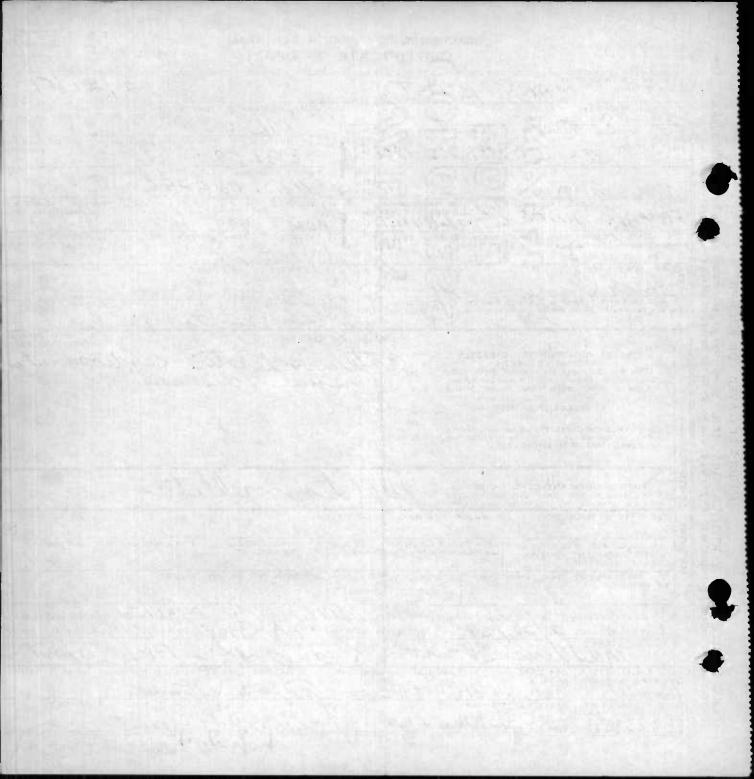
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12. CITIZEN OF



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| cully supplied by. | a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or | | | | | 4. USUAL RESIDENCE (| Where deceased lived, If i | nstitution: residence before admission) |
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| on sh | 10 work | A. USUAL OC k done during most | CCUPATION (Give kind of of working life, even if retired) | 108. KIND O | F BUSINESS OR INDUSTRY | Maula | | 12. CITIZEN OF WHAT COUNTRY? |
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| ITE s especi | | deceased a | y certify that I at live on Z-17-5 | | d that death occur | rred at | Z-17, 195 the causes and on th | e aate statea above. |
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| PL | | rEB23 | PAST REGISTRAR | S SIGNATURE | Gianu 11 m | 25. FUNERAL DIRECTOR | oi Health | ADDRESS |
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12. CITIZEN OF

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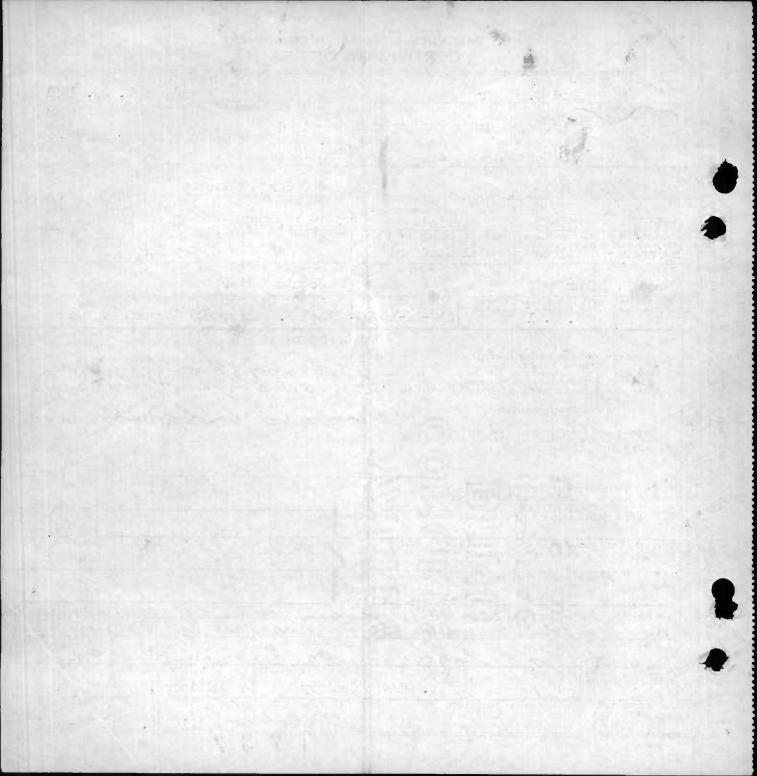
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| A Baltimore City, Maryland SPULL NAME OF Off not in hospital or institution, give street address or HOSPITAL OR 809 Gorsuch Avenue See See See See See See See See See S | una on Printl | aker | | OF - | 22, 1951 |
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| male white married July 15, 1898 52 10A. USUAL OCCUPATION Greated for the part of does during account of the part | Length of stay in Baltimore | Mos. | | The second secon | |
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| 22. I hereby certify that I attended the deceased from \$\frac{1}{2} 1957 to \$\frac{7\lloop le 2}{2} 1957 that I is deceased alive on \$\frac{1}{2} 1957 and that death occurred at \$\frac{1}{2}\sigma ADRESS\$ 23a. SIGNATURE 23b. ADDRESS 23c. DA 24a. BURIAL CREMA- 24F. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) | | | | | |
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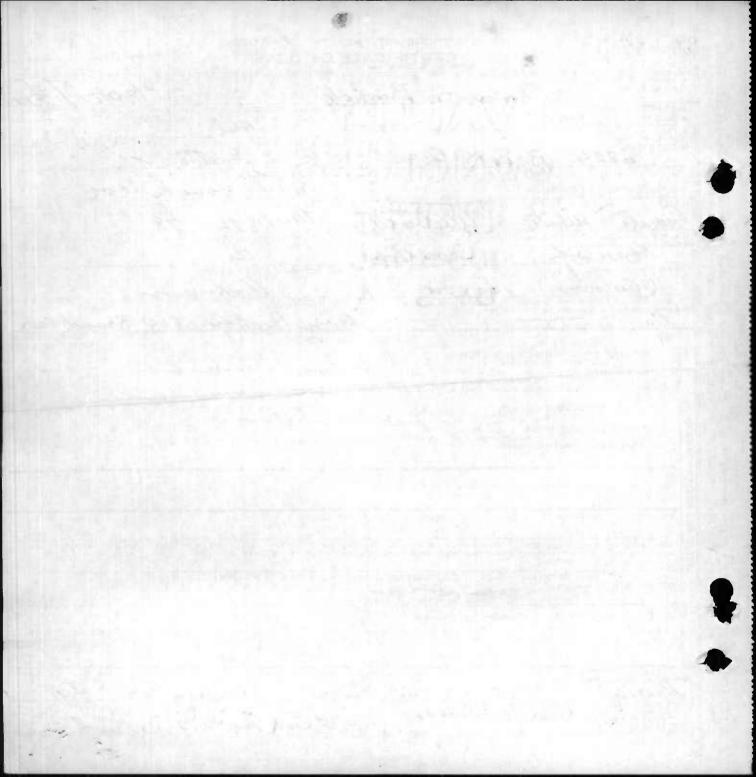
before dumission)

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

township)



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Fri OF ly supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF man (If not in bospital or institution, give street address or HOSPITAL OR C. CITY OR/TOWN (If outside corporate limits, write RURAL and give INSTITUTION ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Allarba Days 7. SINGLE MARRIED, WIDOWED DIVORCED (Specify) 5. SEX 9. AGE (In years | Il Under I Year | Il Under 24 Rours | Incharge 6. COLOR OR RACE 8. DATE OF BIRTH Single 65 188 10 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF HOUSTRY work done during most of ording list even if retired) WHAT COUNTRY? information s of death cle 14. MOTHER'S MAIDEN NAME Horel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. of INTERVAL BETWEEN y item 18. CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, over injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? mportant. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 195% to 2.70 22. I hereby certify that I attended the deceased from Ahat I last saw the and that death occurred at 136 Fm., from the causes and on the date stated above. 195 deceased alive on_ > 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2.30.0 24A. BURIAL, CREMAown, or county) TION, REMOVAL (Specify) Burial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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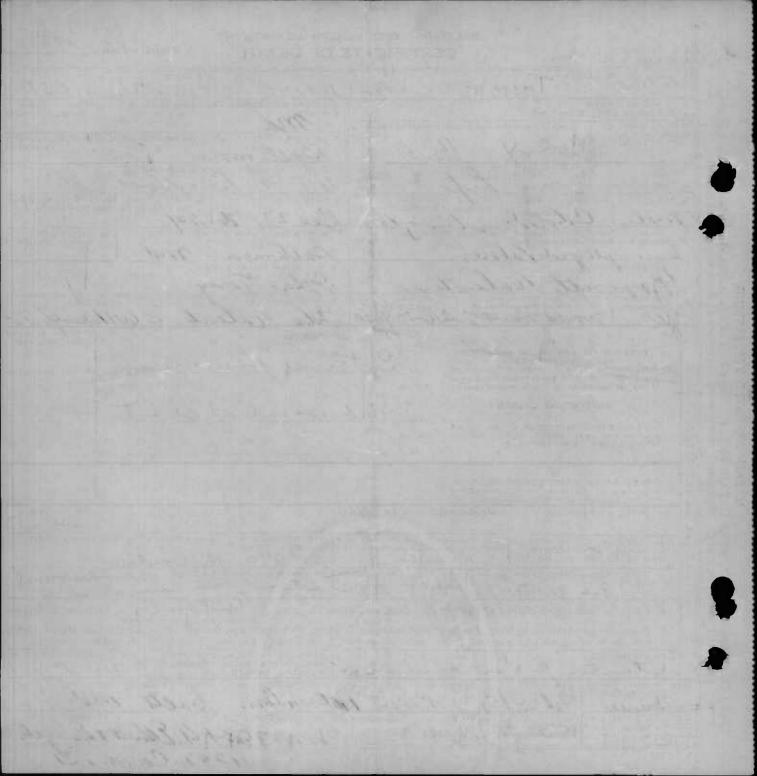
ADING

RESERVED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) HENRY ZELLINGER DEATH February 20,1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 5007 O'Donnell St. B. COUNTY before admission) (If not in hospital or institution, give street address or Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Township) Baltimore Life D. STREET ADDRESS (If rural, give location) Yrs. Mos 5007 O'Donnell St. c. Length of stay in Baltimore Days 5. SEX 9. AGE (In years | M Under | Year | M Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White Married March 5, 1879 10A. USUAL OCCUPATION (Givehind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF information shis of death clear work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired KIGGER Standard Oil Co. Baltimore, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Zellinger Rose Schumacher 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, oo or uokoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uokoowo) 214-01-4588 No Catherine Zellinger 5007 O'Donnell St. causes 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: (C) Ī. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL mportant. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ō LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from March 10, 19 18 to 726 20 . 1951, that I last saw the deceased alive on 3 54 20, 1951, and that death occurred at 2:30 And from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Oak Lawn Cemetery 7225 Eastern Ave. Balto.Co. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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VS 150

| BALTIMORE CITY | HEALTH | DEPARTMENT |
|----------------|--------|------------|
| CERTIFIC | ATE OF | DEATH |

16. SOCIAL

DUE TO

51 1744 Registered No.

FEB. 22, 1951

before admission)

MDa C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMARE o. STREET ADDRESS (If rural, give location) Yrs. Mos. 5031 QUEENSBURY AVE. Days 8. DATE OF BIRTH AGE (in years If Under I Your If Under 24 Hours last birthday) Months: Days Hours: Min. 9. AGE (in years) SEPT. 7, 1907 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY SALTIMARE U.S.A. 14. MOTHER'S MAIDEN NAME MRS. BESSIE SPEERT 17. INFORMANT ADDRESS 3029 GARRISON SECURITY NO. SISTER (MAS. ROSENBERG) BALTIMORE 15 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE , 1951, to Feb. 22 , 1951, that I last saw the deccased alive on FEB, 22, 1951, and that death occurred at 3:35 p.m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED FUNERAD DIRECTOR ADDRESS

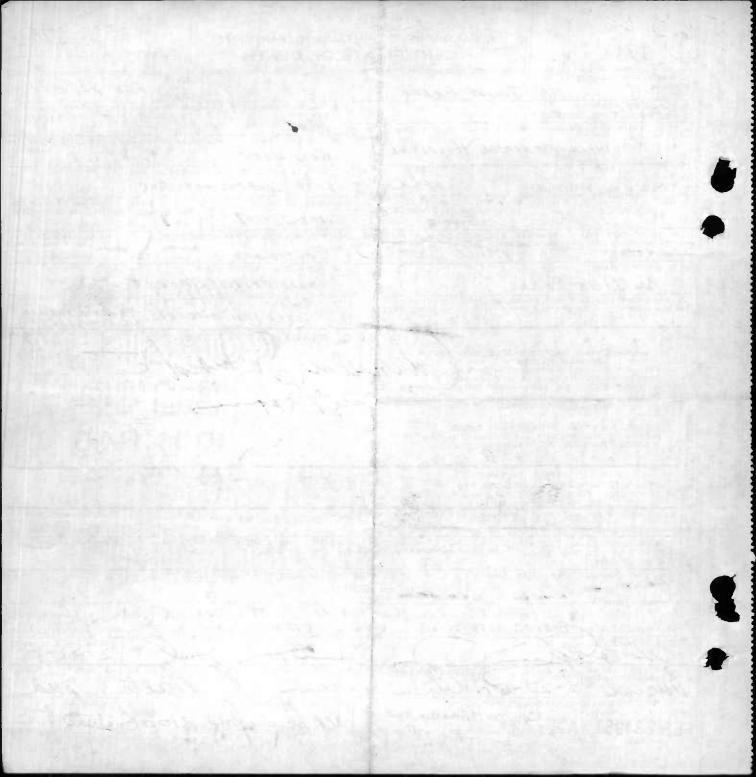
2. DATE

OF

DEATH

B. COUNTY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence



BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARY E. CHAMBERS OF DEATH 2 - 21- 51. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY MARYLAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corpor malimits, 682 JOSEPHINE HALTIMOBE. Yrs. D. STREET ADDRESS (If rural, give location) JOSEPHINE c. Length of stay in Baltimore Paye 9. AGE (in years | | Under | Year | | If Under 24 Hours | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) COLORED MARRIED 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTR' HOUSE WIFE LO. MARYIAND death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AN Sam 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes R. MUNDEIL-2001 N. EASTANE. CAUSE OF DEATH 410 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. TIO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) RTI 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION mportant, EDICA 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 2 - 13 deceased alive on +11 19 and that death occurred at 3 195 / 23A SIGNATURE 23B, ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

BURLAI

1951, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24B, DATE 36. MD. 2-25-51 REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR ACKSOD - SIG PENNA-

51 1745

before admission)

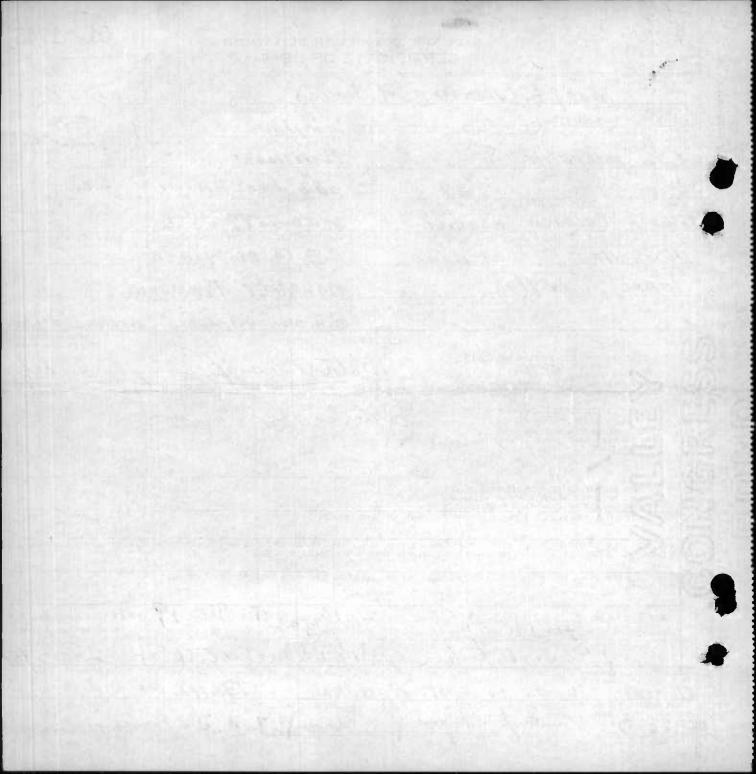
vrite R. P. and give

12. CITIZEN OF

ADDRESS

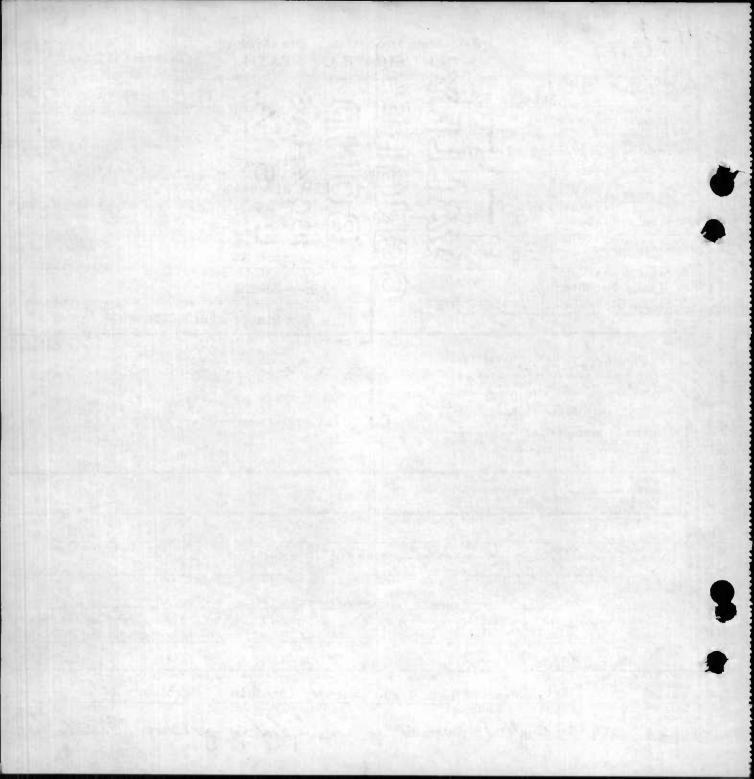
WHAT COUNTRY?

20. AUTOPSY?

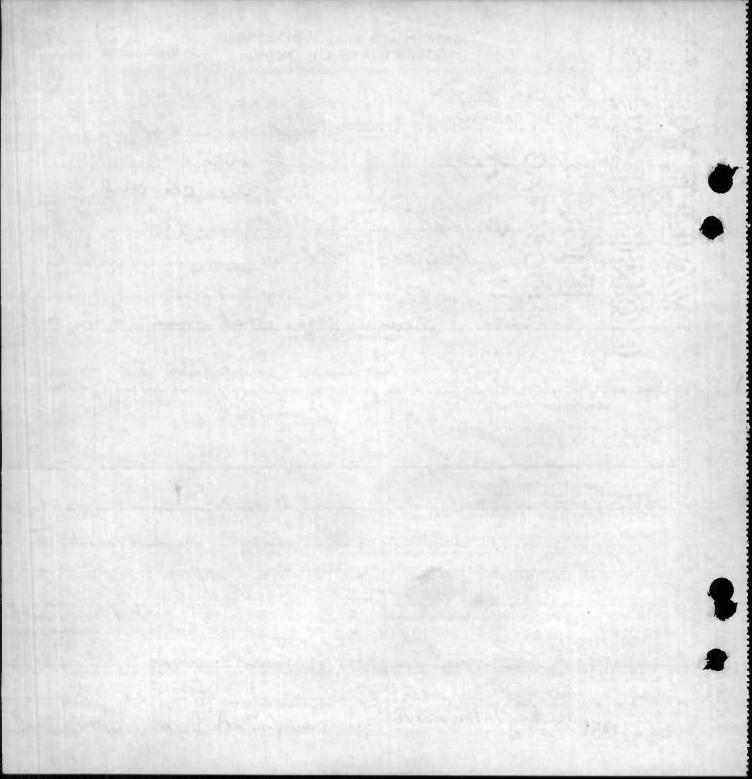


BALTIMODE CITY HEALTH DEBADTMENT

| Fed III | BALTIMORE CITY HE CERTIFICATI | |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| | 1. NAME OF DECEASED (Type or Print) Rebecca Goldberg | 2. DATE OF February 22,1951 |
| ilqqu | 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or | A. STATE A. STATE Maryland Maryland A. COUNTY B. COUNTY B. COUNTY A. STATE |
| - I | HOSPITAL OR INSTITUTION 2917 Ridgewood Ave location) | c. CITY OR TOWN (If outside corporate imits, write RORAL and give Baltimore twinship) |
| 4) | C. Length of stay in Baltimore Yrs. Mos. Days | D. STREET ADDRESS (If rural, give location) 2917 Ridgewood Ave |
| - e II | Female 6. COLOR OR RACE 7. SINGLE. MARRIED. WINTER DIVORCED (Specify) | 8. DATE OF BIRTH 1878 9. AGE (in years of Under 1 Year Months Days Hours Min. 72 |
| 2 cd # | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR OF HOUSE WITE INDUSTRY | 11. BIRTHPLACE (State or foreign country) Baltimore Md 12. CITIZEN OF WHAT COUNTRY? |
| death | 13. FATHER'S NAME Hyman Buckner | 14. MOTHER'S MAIDEN NAME Esther Poanci |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO. | 17. INFORMANT Mrs Ray Singer 2917 Ridgewood Ave |
| NFADING hysicians: | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | arovascula desert |
| | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | |
| especially important. | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 1951, and that death occur | nJury occur? 21f. How DID INJURY occur? 19 12 to 19 12 to 195, that I last saw the red at A.m., from the causes and on the date stated above. |
| | 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 100. REMOVAL Specify | 38. ADDRESS - Note One 2-23c. DATE SIGNED 2-2251 |
| Tre - | DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 | 25. FUNERAL DIRECTOR ADDRESS //26 W |

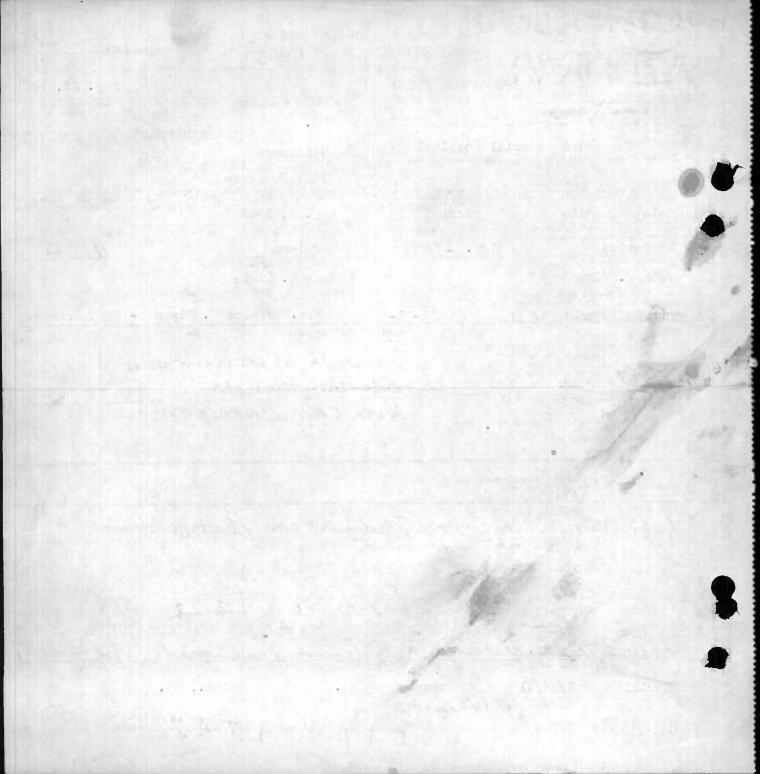


| The | 7 7 10 10 | CITY HEALTH DEPARTMENT Registered | 51 1748 No. | | | |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------|--|--|--|
| | 1. NAME OF DECEASED (Type or Print) D. Webster Ensor 3. PLACE OF DEATH: | 2. DATE OF DEATH OF LANGUAGE (Where deceased lived, I | 23,1950 | | | |
| ully supplied. | A. Baltimore City, Maryland Jo/timere City B. FULL NAME OF (If not in hospital or institution, give str HOSPITAL OR | eet address or Marshaul Ballo | before admission its, write RURAL and giv | | | |
| Sully. | Maryland Genel Hoop. | Yrs. D. STREET ADDRESS (If rural, give location) | township | | | |
| l be | c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOR | 655 | H Under 1 Year H Under 24 Hours Ionths: Days Hours: Min. | | | |
| sh sh | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 8-1-03 | 12. CITIZEN OF | | | |
| IDING information of death cl | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 1 2.5 A. | | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) SECU | Anna Pierce 17. INFORMANT Soul & | ADDRESS 200 | | | |
| FOR ry item the cau | CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | | | | | |
| RGIN RESERVED ADING INK. Ever icians: please write | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | | | | |
| MARGIN UNFADIN Physicians: | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | |
| H | 1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION | | | | | |
| LY, WITH | LYING OR CONTRIBUTING about home, farm, factory, at | | give exact location) | | | |
| ciang | OF INJURY m. WHILE AT WORK 22. I hereby certify that I attended the deceased | NOT WHILE AT WORK | 1 12 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| SITE s espe | " 10" | death occurred at 2: Es Am., from the causes and on | the date stated above | | | |
| PLEASE correct as | 24A. BURIAL, CREMA-24B. DATE 24C. NAME TION, REMOVAL (Specify) 2-26-51 | of CEMETERY OF CREMATORY 240. LOCATION (City, town | n, or county) (State) | | | |
| PLE | DATE RECEIVED BY REGISTRAR'S SIGNATURE COCAL REGISTRAR | 25. FUNERAL DIRECTOR Sanda M. Buody | Spuly md | | | |
| | VS 150 | 10010 | 513 | | | |



BINDIN

RESERVED



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 - 1750

Registered No.

| BIRTH | NO. | |
|-------|-----|--|
| | | |
| | | |

1. NAME OF DECEASED (Type or Print)

ANDREW F. OLSEN

2. DATE DEATH

Feb. 21, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

A. STATE Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

B. FULL NAME OF HOSPITAL OR

(If not in hospital or institution, give street address or location

C. CITY OR TOWN

B. COUNTY before admission)

INSTITUTION

315 Whitridge Ave.

Baltimore

(If outside corporate limits, write RURAL and give

c. Length of stay in Baltimore

Yrs. Mos Days o. STREET ADDRESS (If rural, give location)

5. SEX male

fully supplied.

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ADING

UNFADING Physicians: MARGIN

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DICAL important.

BINDING

FOR

RESERVED

6. COLOR OR RACE white

7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify married

315 Whitridge Ave. 8. DATE OF BIRTH

9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours : Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

12, CITIZEN OF WHAT COUNTRY?

Rigger (rtd) 13. FATHER'S NAME Shipbuilding

14. MOTHER'S MAIDEN NAME Unknown

6/21/1877

Norway

no

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) (Yes, no or nnknown)

Olsen

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Mr. Charles G. Morningstar - 315 Whitridge

18 DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

YES (If in Baltimore City, give exact location)

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY WHILE AT WORK

NOT WHILE

22. I hereby certify that I attended the deceased from. deceased alive on 2-20, 1951, and that death occurred at 5 204 m., from the causes and on the date stated above.

, 19 23B. ADDRESS

. 1951, that I last saw the 1 to 2 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

23A GIGNATURE

248. DATE

24c. NAME OF CEMETERY OR CREMATOR New Cathedral Cem.

24D. LOCATION (City, town, or county

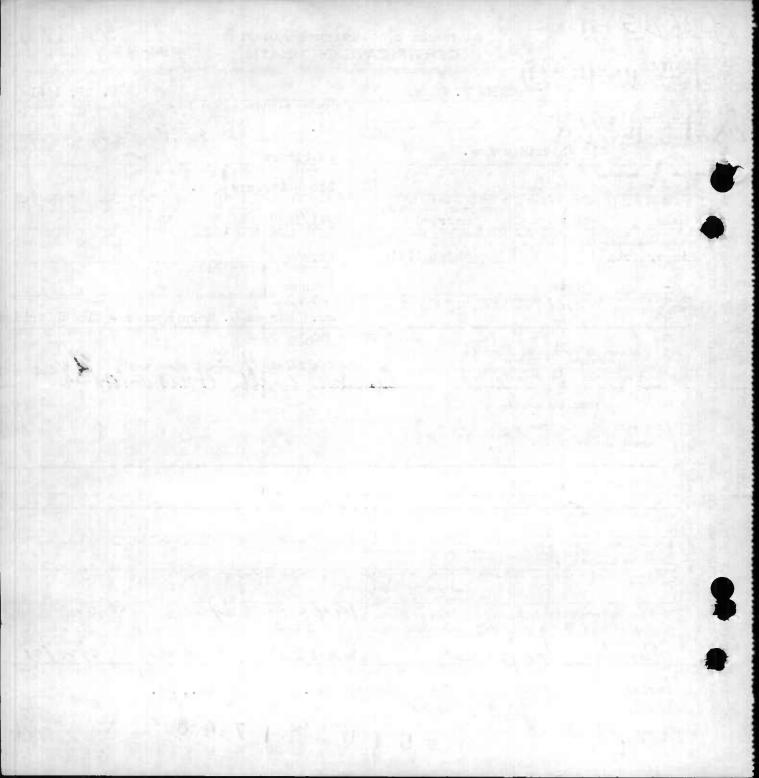
Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

ADDRESS



VS 150

If Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

(State)

before admission)

township

The section of the section The state of the s

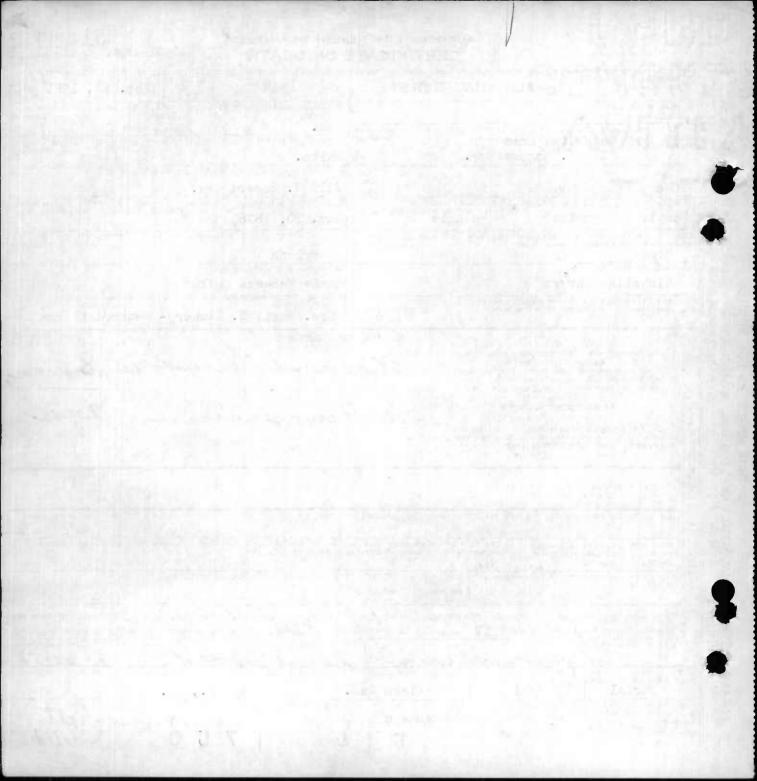
PLEASE WRITE

| 1 | 31 | 5 |
|---|-------|------|
| | 51. | 1752 |
| | BIRTH | NO. |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1752 Registered No.

| 1. (T | NAME OF DE 'ype or Print) | MA MA | RY ELLE | N STEVENS | | 2. DATE OF DEATH | Feb. 22, | 1951 |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------|-----------------------------------|---------------------------------------|----------------------|----------------------------------|
| A. | | ity, Maryland | g activity | | 4. USUAL RESIDENCE | | | n : residence fore admission) |
| 8. | FULL NAME O | OF (If not in hospi | tal or instituti | on, give street address or location) | | 4 1 | | 4 |
| IN | | Methodist Hor 2211 W. Roge | | Total (on) | Balto. | (If outside corpora | te limits, write R | URAM and give township) |
| 1 | 7 | | | Yrs. | D. STREET ADDRESS | (If rural, give loca | tion) | |
| | Length of st | ay in Baltimore | | Mos. Days | 2211 W. Roger | | | |
| F | emale | 6.COLOR OR RACE white | WIDOW | MARRIED, ED DIVORCED (Specify) | 8. DATE OF BIRTH Nov. 20, 1875 | 75 | lay) Months Day | H Under 24 Hours Hours Min. |
| 1 C worl | A. USUAL OCC done during most of NONO | CUPATION (Give kind of f working life, even if retired) | 108. KIND | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State | or foreign country) | 12. CITI WHA | ZEN OF AT COUNTRY? |
| 13 | FATHER'S N | AME | | | 14. MOTHER'S MAIDE | N NAME | | |
| | Nicholi | s Stevens | | | Annie Rebecca | Cullum | | |
| 15 (Ye | . WAS DECEASE , no or unknown) NO | D EVER IN U. S. ARME (If yes, give war or date | D FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Mamie B | • Fisher - | ADDRESS Methodist | Home |
| | (This does heart failur | E OR CONDITION LEADING TO DEA not mean the mode ce, asthonia, etc. It mes complication which | TH of dying, e.g ans the disease | (A) CU | of DEATH | leoule | sie 8 | T AND DEATH |
| RTIFICATION | ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | | | | èus se | lew | i 20 | yur |
| Ш | TRIBUTING | GNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION | NOT RELATE | D | | | 2007 | |
| U | | | | FINDINGS OF OPER | ATION | · · · · · · · · · · · · · · · · · · · | 20. | AUTOPSY7 |
| AL. | | 0 | | | | | YES | No 2 |
| MEDICAL | | ENT WAS UNDER CONTRIBUTING | | CE OF INJURY (e. g., in arm, factory, atreet, office bldg., e | | (If in Baltimore | City, give exact | location) |
| 2 | 21D. TIME () OF INJURY | Month) (Day) (Year | W | TIE. INJURY OCCURRENT NOT WHILE | 21F, HOW DID IN | JURY OCCUR? | | |
| | 22 I handle | s contifee Ab - 4 7 | m. | deceased from Ele | 1. 2 105Y/ | Feb. 22 | 106/4 | 14 |
| | | | | | red at 304 m., fre | | | |
| | 23A. SIGNAT | | as | | 3B. ADDRESS | 2.16.1 | | ATE SIGNED |
| - | A. BURIAL C | REMA- 24B, DATE | MAN | KOULLA M. D. | XODWO: | 1195 | 2- | 22-51 |
| Tie | N, REMOVAL (S) Buria | pecify) | | Oaklawn Com | | alto. Md. | y, town, or county |)· · (State) |
| | TEBLS | BY REGISTRAR | | Pollianus, Mass | 25. FUNERAL DIRECT | | ADDRES | ilto |
| | VS 150 | | | 1 5 | 000 | 750 | 940 | 11/2. |



ally supplied. on sl information s of death cle causes of item WITH important.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) FARRELL FORD OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY 5% B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5 PCY MECHANICSVILLE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) 13. FATHER'S NAME (-EORGE BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, po or nnknown) SECURITY NO une 18. CAUSE FOR Every ite write the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES INK. ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP DICAL 21B. PLACE OF INJURY (e. g 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bld LYING OR CONTRIBUTING CAUSE OF DEATH

| 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) MARY LAND | 12. CITIZEN OF WHAT COUNTRY? |
|---------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------|
| CELL | THERESA QUAL | 1.5 |
| | THERE DA QUAL | 78 |
| FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS |
| CAUSE | OF DEATH | INTERVAL BETWEEN |
| | EBRAL THROMBOSIS | |
| s the disease, used death.) DUE TO ART | ERIO SCLEROTIC HIPER | e - |
| s TE | NSIVE CARDIOVASCULA | × |
| ANY, GIVING | | |
| TATING THE OUT TO DIA | BETES MELLITUS | 5 400 |
| | | |
| ONS CON- | | |
| CAUSING IT. | | |
| B. MAJOR FINDINGS OF OPER | ATION | YES NO |
| 21B. PLACE OF INJURY (e. g., ir about home, farm, factory, street, office bldg., e | or 21C. WHERE DID (If in Baltimore City, INJURY OCCUR? | give exact location) |
| Hour) 21E. INJURY OCCURRE | 21F. HOW DID INJURY OCCUR? | |
| m. WHILE AT NOT WHILE | | |
| nded the deceased from 19 | Feb 1951, to 23 Feb, 195 | I, that I last saw the |
| | red at 4 3 m., from the causes and on t | |
| Rich M.D. 2 | Herey Wook | 23 C. DATE SIGNED |
| 24C. NAME OF CEMETE | RY OR CREMATORY 245. LOCATION (City, town | n, or county) (State) |
| 1951 ST Joseph | 25. FUNERAL DIRECTOR | St May's My. |
| The Milliams, Mr. | fon. le Mettens le | 0 |
| 11 7 5 1 0 7 | Leonard Trust Ma | 1 - 11 |
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OF INJURY

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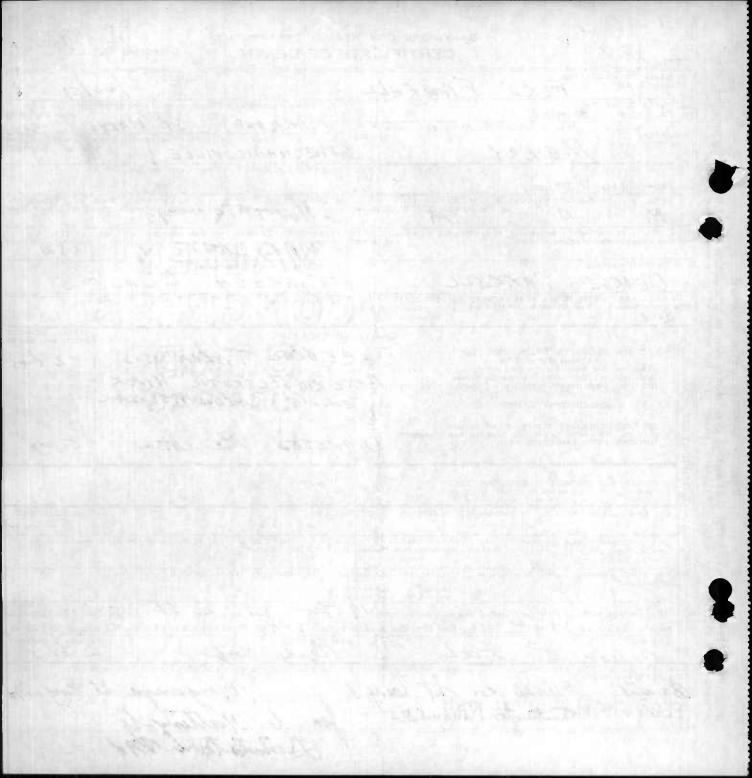
REMOVAL (Specify)

21D. TIME (Month) (Day) (Year) (Hour)

deceased alive on 23 fet

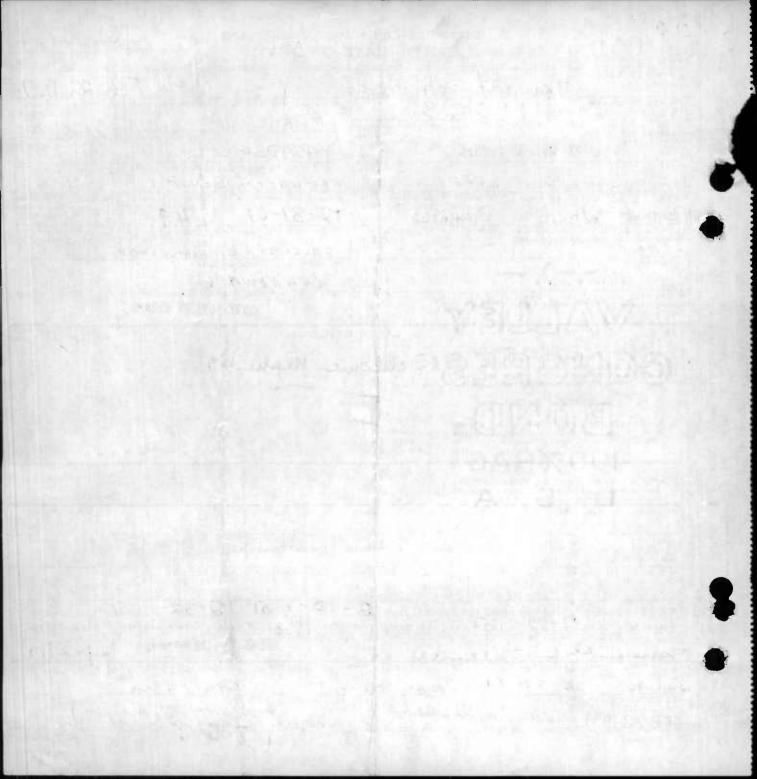
22. I hereby certify that Lattended the deceased from___

24B. DATE



| | ILY, WITH UNFADING INK. Every item of information should be fully supplied. The | - |
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| - | 5 3 4 51 1754 BIRTH NO. BALTIMORE CITY HEAD CERTIFICATE | AL |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | 2. DATE OF FEB 22, 1957 DEATH FEB 22, 1957 B. USUAL RESIDENCE (Where deceased lived, If institution: residence |
| ·y. | B. FULL NAME OF (If not in hospital or institution, give street address or | B. COUNTY before admission before admission before admission country before admission befor |
| O | c. Length of stay in Baltimore L(1-6 Mos. Days | STREET ADDRESS (If rural, give location) ON HATTAN BEACH 5200 |
| and | FEMALE WhitE MARRIED (Specify) | DATE OF BIRTH 9. AGE (In years I linder I veer Winder 24 hours Months Days Hours Min. 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| u cree | work done during most of working life, even if retired) INDUSTRY | 1. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND 4. MOTHER'S MAIDEN NAME |
| near | MUKNOWN | UNKNOWN |
| uses or | (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | INFORMANT LONGS HOPKING HOSPITH |
| sicians: please write the ca | Injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | c replies. |
| riysic | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| 111. | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) | ION 20. AUTOPSY? |
| nportant. | CAUSE OF DEATH | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |
| Cr. 11 | 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY m. WHILE AT NOT WHILE AT WORK | 21F. HOW DID INJURY OCCUR? |
| nodes. | 22. I hereby certify that I attended the deceased from deceased alive on 2-22-, 1951, and that death occurre | ADDRECK - DATE CICKED |
| No. | 24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETERY | TILIZIST CALLED CONTROL CONTRO |
| naarion | BURIAL 2-24-31 LEDAR HILL | BAUTIMORS 5. FUNERAL DIRECTOR ADDRESS PWCM. 11. 18097 + 10 |
| | VS 150 | smer I. Mefully 130%. Fortaine. |



DATE RECEIVED BY

LOCAL REGISTRAR

Autopsy, Inspection or Inquiry 238. CHIEF MEDICAL EXAMINER ... XX 23C. DATE SIGNED NAME OF CEMETERY OR 240. LOCATION (City, town, or county) FUNERAL DIRECTOR ADDRESS

51 1755

12. CITIZEN OF

ADDRESS

before admission)

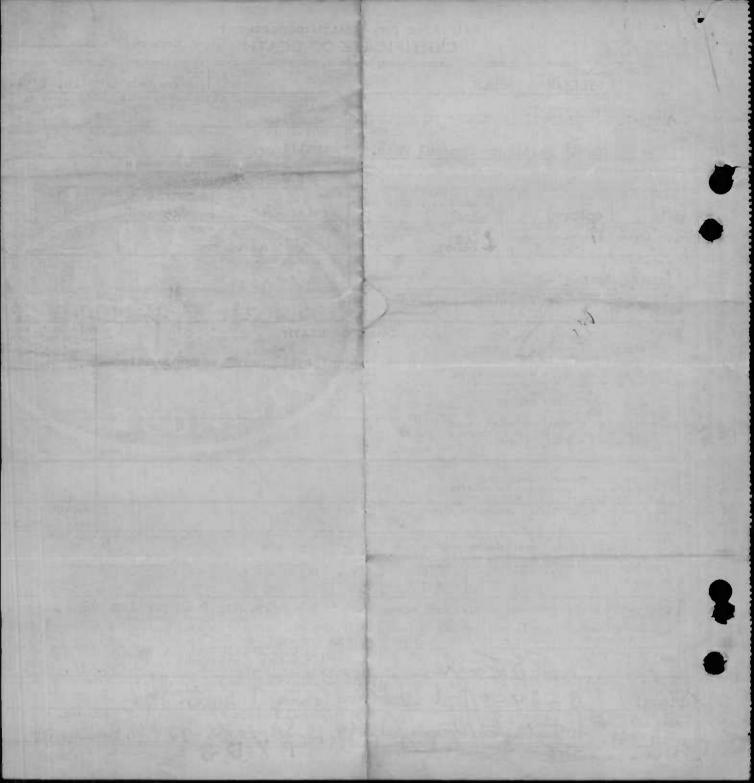
township)

If Under 24 Hours

WHAT COUNTRY?

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20. AUTOPSY

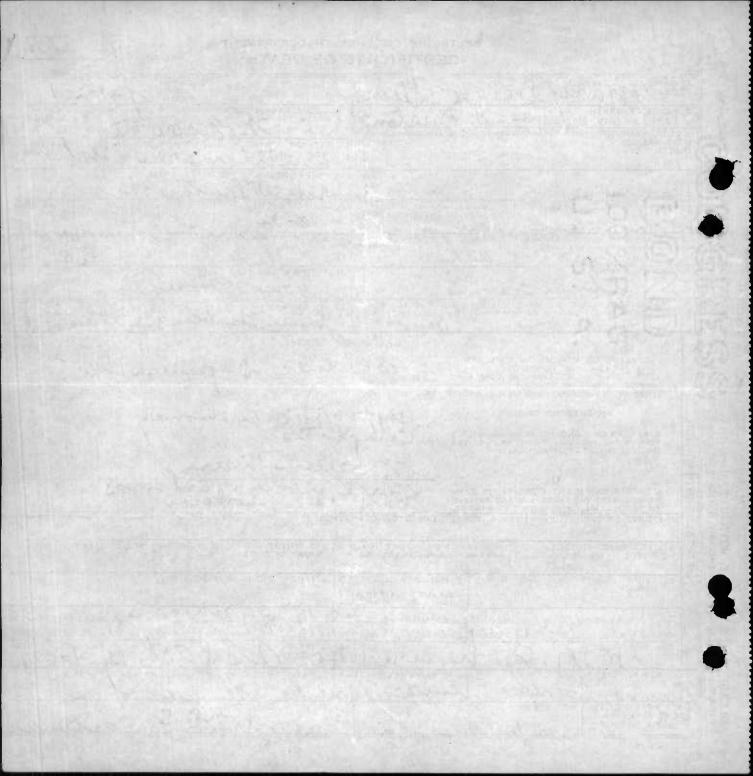


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

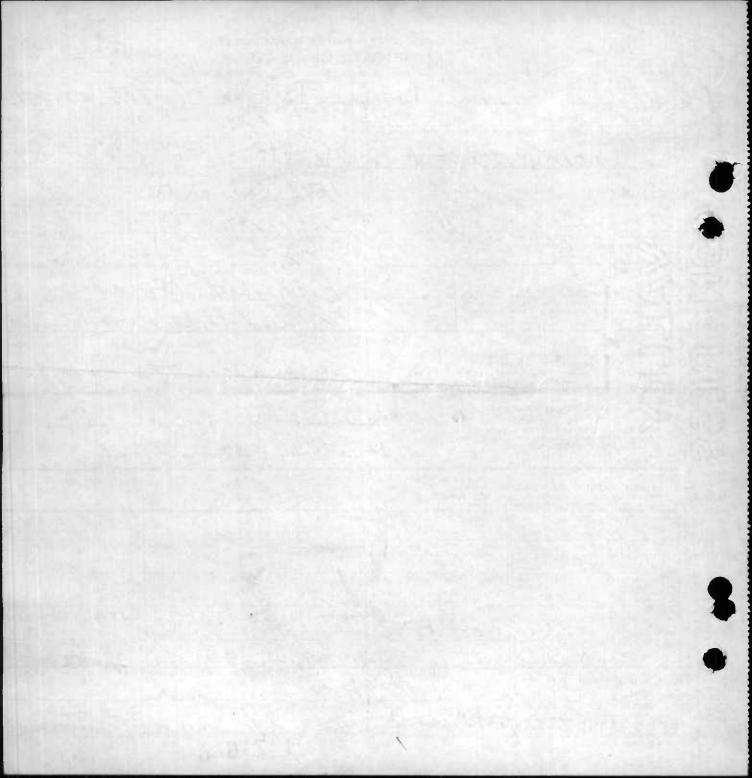
Registered No. 1756

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| | NAME OF D | | Floren | ce F. Fisher | | OF Februa: | ry 22, 1951 |
| | PLACE OF D | | | | 4. USUAL RESIDENCE (| | |
| 8. | FULL NAME | | al or institut | ion, give street address or | Marylan | d | 57 |
| | SPITAL OR | 0 | | location) | | f outside corporate limits, | write RURAL and give township) |
| - (|)() | 801 V | . 38th | Street Yrs. | D. STREET ADDRESS (II | | |
| | Langth of s | tay in Baltimore | 62 700 | Mos. | | | |
| | SEX | 6. COLOR OR RACE | 63 ye. | E, MARRIED. | 8. DATE OF BIRTH | 38th Street 9. AGE (In years) If Ur | nder 1 Year If Under 24 Hours |
| | Female | White | Marri | PED, DIVORCED (Specify) | Jan. 13, 1879 | last birthday) Mont | hs Days Hours Min. |
| 10 worl | A. USUAL OC | CUPATION (Give kind of of working life, even if retired) | 10B. KIND | OF BUSINESS OR | 11. BIRTHPLACE (State or 1 | foreign country) 1 | 2. CITIZEN OF WHAT COUNTRY? |
| | At Home | | | | Maryland | | USA |
| 13 | FATHER'S | | | | 14. MOTHER'S MAIDEN N | | |
| 15 | | ley Fisher | | | Elizabeth Ber | nson | |
| (Ye | no or uokoowo) | ED EVER IN U. S. ARMED (If yes, give war or date | of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | DRESS |
| _ | No | | | | LeRoy M. Fisher | 801 W. 38ti | |
| | 18. 5 9 | 12 Xand | 151 | X CAUSE (| OF DEATH | | ONSET AND DEATH |
| | | SE OR CONDITION | TH | Oln | Quant A | | I and . |
| | heart failu | not mean the mode oure, asthenia, etc. It mea | ns the diseas | e, | | *************************************** | |
| | injury or | injury or complication which caused death.) DUE TO | | | | | |
| 7 | ANTECEDENT CAUSES | | | | | | |
| ō | DISEASES | S OR CONDITIONS, II | ANY, GIVIN | (B) | | | |
| AT | | YING CONDITION LA | | (c) autos | twolers (VV) | rosely Ca Stone | 4 < |
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| RTIFICATION | | II IGNIFICANT CONDI | | | | | |
| O M | | S TO THE DEATH, BUT | | | | | |
| 1 | 19A. DATE C | F OPERATION 1 | 9B. MAJOR | FINDINGS OF OPER | ATION | | 20. AUTOPSY? |
| CA | | | 1 010 DI 1 | ACE OF INTURY (| - Late WHERE DID | (I.f. in Delainer Ciarrel | YES NO |
| MEDICAL | LYING OIL | ENT WAS UNDER- R CONTRIBUTING DEATH | | ACE OF INJURY (e. g., in farm, factory, street, office bldg., e | | (If in Baltimore City, giv | e exact location; |
| 2 | 21D. TIME OF INJURY | (Month) (Day) (Year) | (Hour) | 21E. INJURY OCCURRE | 2 1F. HOW DID INJUR | Y OCCUR? | |
| | | M66 25 25 | m. | WHILE AT NOT WHILE | | | |
| | 22. I hercb | y certify that I att | ended the | deceased from | et- 10, 180, tox | Tel-22, 1957. | that I last saw the |
| | | | | | red at 6 A. m., from | the causes and on the | date stated above. |
| | 23A. SIGNA | Later Control of the | 0/ | 0/2 | 38. ADDRESS | 00101 | 23C. DATE SIGNED |
| 24 | A RURIAL (| CREMA- 24B. DATE | 1 1-4 | 24C. NAME OF CEMETER | BY OR CREMATORY 340 | OCATION (City, town, or | r county) (State) |
| TIC | N. REMOVAL (S | | 0 | | | | |
| | Burial | | | Druid Ridge | 25. FUNERAL DIRECTOR | kesville, Mary | and ADDRESS |
| LC | CAL REGIST | RAR | 1 14 | Minus Magan | Burgee Funeral | | ills Road |
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| Phed | 51 1758 BIRTH NO. | BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH | Registered No. 1758 |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| supplied. T | 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A Baltimore City, Maryland | 1. USUAL RESIDENCE (Where | DATE OF COUNTY Defore admission) |
| ally su | B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION 15/8 Pol | | de corporate limité, write kURAL and give |
| d be | 7 6 | WIDOWED, DIVORCED (Specify) Quig 19, 189/ | AGE (In years If Under I Year H Under 24 Hours Min. |
| NDING information sh s of death clean | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, eyen lifetired) 13. FATHER'S NAME | B. KIND OF BUSINESS OR INDUSTRY 11. BIST HPLACE (State or foreign 14. MOTHER'S MAIDEN NAME) | Reference Transfer of WHAT COUNTRY |
| BI of use | 15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes, no or unknown) (If yes, give war or dates of se | ROES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. | ADDRESS tune 518 Retreat A |
| FO it the | DISEASE OR CONDITION DIRI LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause | ing, e.g., (A) Myrandial degene | inter invest |
| RESEI INK. please | ANTECEDENT CAUSES Z O D D D D D D D D D D D D D D D D D | | asi 140- |
| MARGIN UNFADING Physicians: | OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL | RELATED USING IT. | |
| LY, WITH | 21A. ACCIDENT WAS UNDER. 2 | MAJOR FINDINGS OF OPERATION 1B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in out bome, farm, factory, street, office bidg., etc.) INJURY OCCUR? | 20. AUTOPSY? YES NO Baltimore City, give exact location) |
| LY, | CAUSE OF DEATH 2 10. TIME (Month) (Day) (Year) (Hotor INJURY) | m. WHILE AT NOT WHILE AT WORK | CUR? |
| PITE s espect | 29A. STONATURE // Lund | and that death occurred at 9 2 m., from the ca | au 2:23-07 |
| PLEASE correct ag | DATE RECEIVED BY LOCAL REGISTRAR'S SI | 24c. NAME OF CEMETERY OR CREMATORY 240. LOCAT | ADDRESS |
| | VS 150 | 1756 | 93) |



VS 150

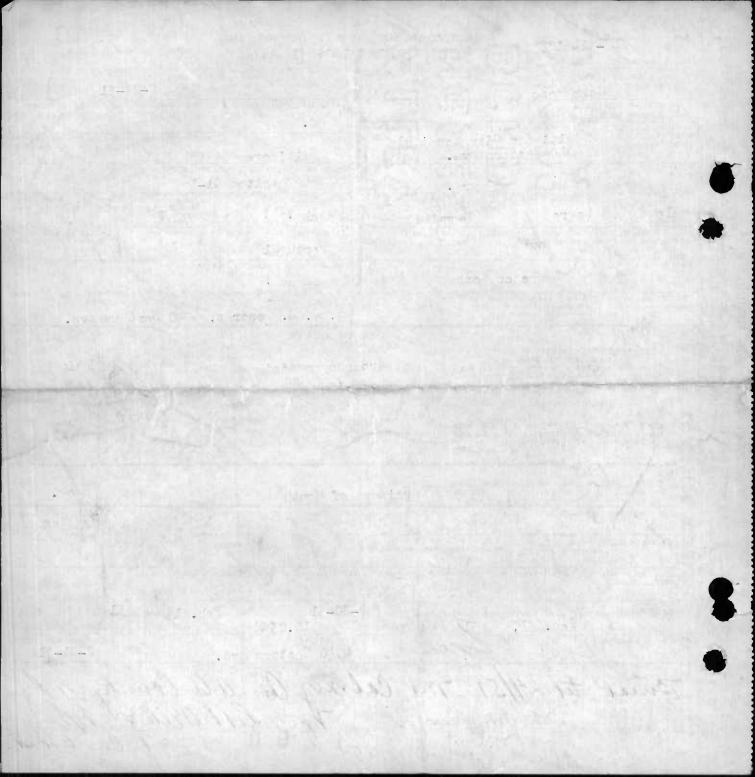
Registered No. 2-20-5] B. COUNTY before admission) (If outside corporate limits, write http://al. and give If Under 1 Year last banday) Months Days Hours Min. 12. CITIZEN OF WHISTACOUNTRY ADDRESS 3220 Elliott Street NIERVAL BETWEEN ONSET AND DEATH 20. AUTOPSYT (If in Baltimore City, give exact location) that I last saw the m., from the causes and on the date stated above. 23c_DATE SIGNED Baltimore, Md ADDRESS 403 S. Wolfe Stree

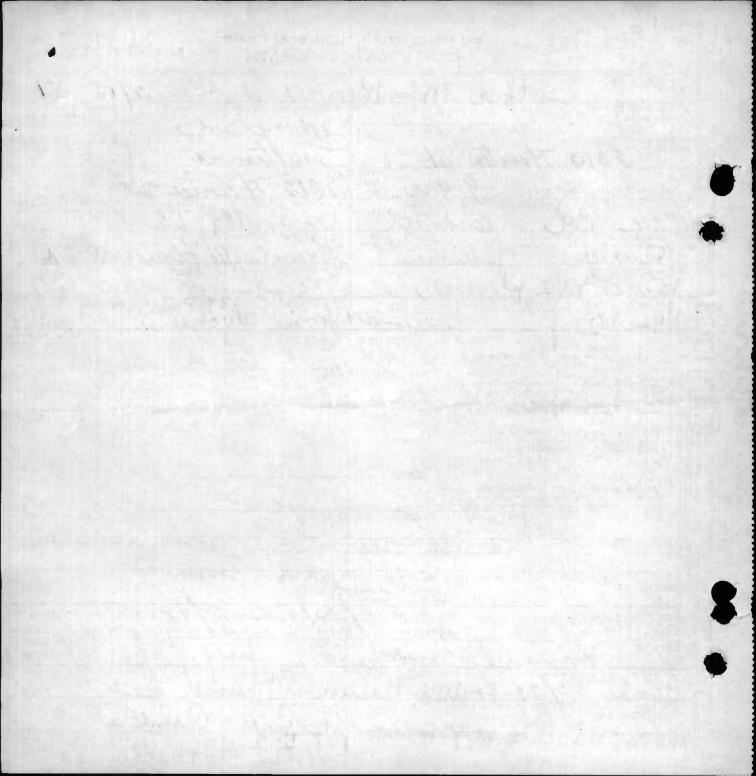
Man Lo Merse Caretus 2-20-52 ST- 10/18 . 155 Commission St. Printed American Annual Pm *** Bear Today Samue Rational Steel dward 6 d to a CH SSNE ... the arterior ... the The state of the s THE PARTY OF THE P

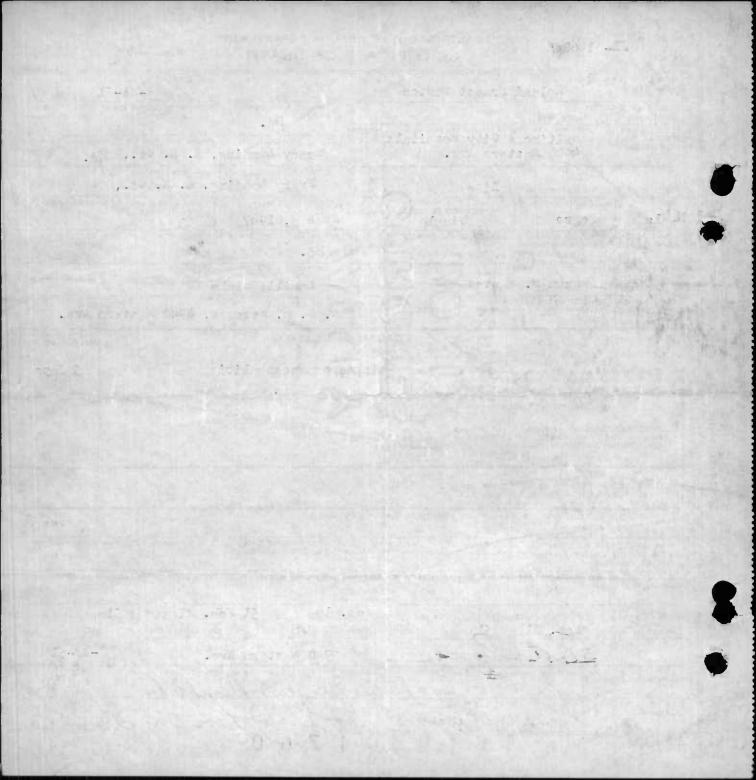
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| 7 | Y, WITH UNFADING INK. Every item of information should be kully su portant. Physicians: please write the causes of death clear, and Leasily. | |
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| | Y, WITH UNFADING INK. Every item of information should be full portant. Physicians: please write the causes of death cleen and 1 coly. | |
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BALTIMORE CITY HEALTH DEPARTMENT

| The | 2 | - | 1760 - 146128 | ВА | | EALTH DEPARTMENT | 51 Registered No | 1760 |
|---------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------|---------------------------------------------------------|---------------------------------------|-------------------------|-----------------------------------------------------|
| | 1. NAME OF DECEASED (Type or Print) John Rose 2. DATE OF DEATH 2-21-51 | | | | | | 1 | |
| ully supplied. | 3. PLACE OF DEATH: A. Baltimore City, Maryland | | | | | 4. USUAL RESIDENCE (W | | |
| ins / | B. | B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR Boltsmann City U location) | | | n | outside corporate lijhit. | 11 | |
| fully. | 1, | ISTITUTION | 4940 East | ern Av | e. | Baltimore | 11. | township) |
| | c. | Length of s | tay in Baltimore | 35 yr | Yrs. Mos. S a Days | D. STREET ADDRESS (If r | | |
| ld be | 5. | ale | 6. COLOR OR RACE | 7. SINGL | E, MARRIED. VED, DIVORCED (Specifiarried | 8. DATE OF BIRTH | | der I Year H Under 24 Hours hs Days Hours Min. |
| on sho | 1C worl | k done during most o | CUPATION (Give kind of of working life, even if retired) | 108. KINI | O OF BUSINESS OR INDUSTR | 11. BIRTHPLACE (State or for Portugal | relgn country) 1 | 2. CITIZEN OF WHAT COUNTRY? |
| ath | 13. FATHER'S NAME Lawrence Rose | | | | | 14. MOTHER'S MAIDEN NA | ME | |
| of de | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL | | | | | Anna 7 | ADI | ORESS. |
| R BINDING | (10 | s, no or unknown) | (If yes, give war or dates | or service) | SECURITY NO. | B. C. H. ecords. | , 4940 Eastern | Ave. |
| R em cau | | 18. 49 | E OR CONDITION | 144 DIRECTLY | X CAUSE | OF DEATH | | ONSET AND DEATH |
| t t | | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, | | | | | 1 wk | |
| RVED 1 Every write tl | injury or complication which caused death.) DUE TO | | | | | | | |
| RESERVED INK. Ever please write | NO | | ANTECEDENT CAUS | | (B) | | | |
| AG I | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | | | | | | |
| MARGIN I UNFADING Physicians: p | RTIFIC | | II | | | | | |
| MA JNF. | CER. | TRIBUTING | IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION | NOT RELAT | ED Carcinom. | of Mouth | | 6mos. |
| ы. | | | | | FINDINGS OF OPE | RATION | | 2C. AUTOPSY? |
| LY, WITH important. | EDICAL | | ENT WAS UNDER- R CONTRIBUTING DEATH | | ACE OF INJURY (e. g. farm, factory, street, office bldg | | in Baltimore City, giv | 1 LES |
| ILY | Σ | 21D. TIME (OF INJURY | Month) (Day) (Year) | | 21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK | E | OCCUR? | |
| | | 22. I hereb | y certify that I att | ended the | deceased from 2 | -20-51 , 19 , to F | eb.21 , 19.51, | that I last saw the |
| WRITE is esp | deceased alive on Feb. 21., 19 51 and that death occurred at 10.05 m from the causes and o | | | | | | e causes and on the | 23c. DATE SIGNED |
| | 2. | 4A. BURIAL, C | CREMA- 24B. DATE | 10 | M. D. | 4940 Eastern Ave. | OCATION (City, town, or | 2-21-51 (State) |
| PLEASE correct * | D | ATE RECEIVED | D BY REGISTRAR | A 12 A | mr Car | 25. FUNERAL BIRECTOR | a Count | DORESS |
| | E | 8 2 3 195 vs 150 | 1 I huite | 19m /1/ | Branks, Mar | I Was WITT | 1 Collector of | 12/1 |
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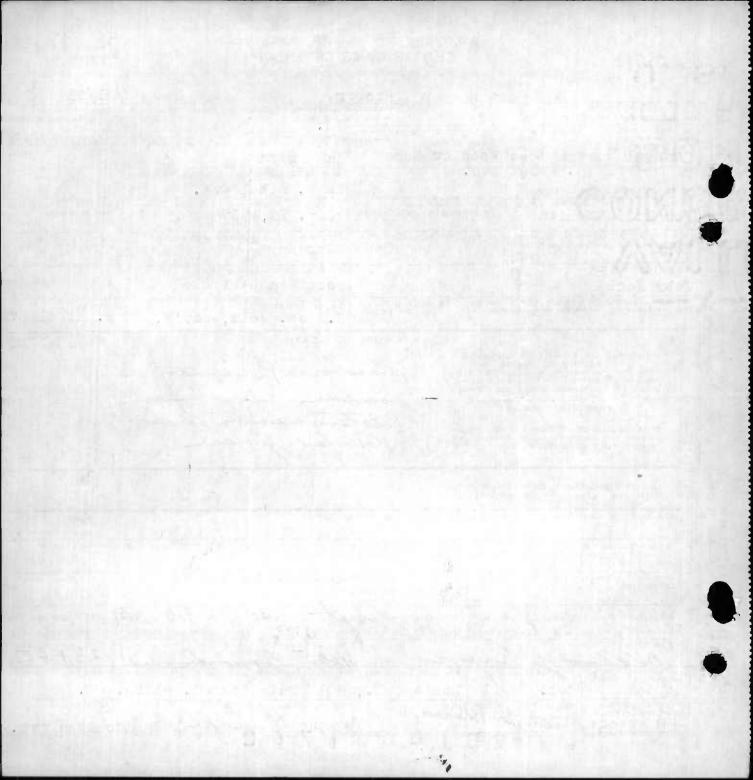


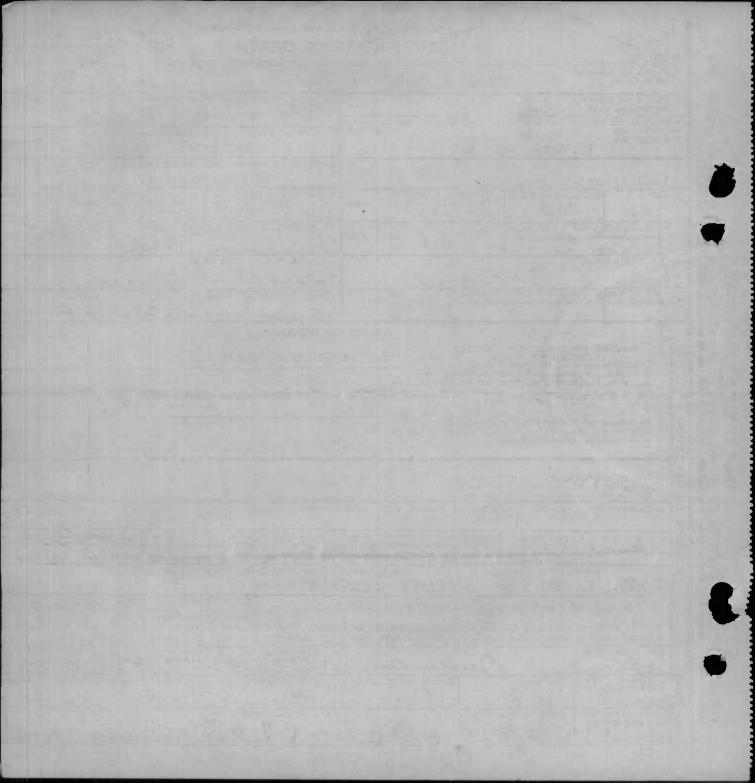


he du hot condition accor, ame by action RF at the Time of Lett. anaction, quescent - a clisimic condition? See Document File 51-1763 for provisional anatomical diagnosis 3/5/51 in Mini. Personal English ARCHARIC PERSONAL TRANSPACE IN THE STATE District of the second -23-51 Donalson De Donalson 13-52.

4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) (If outside comprate limits, write RORAL and give township) 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 22 S. Athol INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) , 1951, that I last saw the deceased alive on 22 Feb., 1951, and that death occurred at 6: 40 m., from the causes and on the date stated above. 23c. DATE SIGNED 24c. NAME OF CEMETERY OF CREMATORY | 24b. LOCATION (City, town, or county) Loudon Pk. 3801 Frederick Rd. Balto. Md. S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

51 1764





MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please

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PLEASE correct a

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| 1 | 7 1706 | BALTIMORE CITY HE | ALTH DEPARTMENT | 5 | 1. 1766 |
| Ä. | | CERTIFICATI | E OF DEATH | Registered N | io. |
| _ | IRTH NO. | | | | |
| | NAME OF DECEASED | | DITOTZ | 2. DATE | CIT II I I I I I I |
| _ | AGNES G | ERTRUDE | P1112. | OF 20 F | |
| A | . PLACE OF DEATH: . Baltimore City, Maryland | | 4. USUAL RESIDENCE (Wh | ere deceased lived. If | institution: residence before admission) |
| | FULL NAME OF (If not in hospital or instruction HOSPITAL FO | | C. CITY OR TOWN (If o | utside corporate limits | s, write RURAL and give |
| 11 | | YLAND | BALTIMOR | E las | township |
| L | 49 | Yrs. | D. STREET ADDRESS (If re | | F 00 |
| C | Length of stay in Baltimore | Mos. Davs | 2913 4IN WO | DD AVEN | UE 5300 |
| | SEX 6. COLOR OR RACE 7. SIN | GLE, MARRIED, OWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (in years) If | |
| | | ARRIED | 22 SEPT 1890 | 60 | |
| Wor | DA. USUAL OCCUPATION (Give kind of lob. K k done during most of working life, even if retired) | IND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for | eign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | HOUSE WIFE | | BALTIMORE | | US.A |
| 13 | 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | | |
| | HENRY HOLTMAN | a technical and a state | CAROLINE MI | RY HOLT | TMAN |
| 15 | . WAS DECEASED EVER IN U. S. ARMED FORCE | | 17. INFORMANT | | DDRESS |
| (X) | (If yes, give war or dates of service | SECURITY NO. | FROMHOSPITALCH | | |
| - | | 01110= | 7710 | ,,,,, | INTERVAL BETWEEN |
| | 18. 450.1 | | OF DEATH | | ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECT | LY | | 9-1-6-44 | 20SEC |
| | (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di | e. g., (A) | LMONARYIEM | BOLISIA | 20320 |
| | injury or complication which caused d | | | | |
| | ANTECEDENT CAUSES | | | | 2 |
| 7 | ANTECEDENT CAUSES | CHR | ONIC THROMI | 30 PHLEBITA | s a mod: |
| CATION | DISEASES OR CONDITIONS, IF ANY, G | IVING | | ····· | *************************************** |
| F | RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. | THE DUE TO | RALIZED ARTE | RIDECLERA | 46 |
| Ü | | (C) GENE | AACIZCU AIITZ | , wo screno | |
| E | | MID THIG | 14 | | |
| ERTI | OTHER SIGNIFICANT CONDITIONS | CON. | | | |
| M | TRIBUTING TO THE CEATH, BUT NOT RE | G IT AMPUTATIO | NOF RIGHTLES FO | R ATTENIOSCL | EROTIC |
| | | OR FINDINGS OF OPER | | | 20. AUTOPSY? |
| AL | 20 FEB 1951 6ANGE | ENE AT FOOT an | d LEC | | YES NO |
| U | 21A. ACCIDENT WAS LINDER. 218. | PLACE OF INJURY (e. g., i | n or 21c. WHERE DID (If | in Baltimore City, g | give exact location) |
| ED | LYING OR CONTRIBUTING about b | ome, farm, factory, street, office bldg., | etc.) INJURY OCCUR? | | |
| Σ | 210. TIME (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID INJURY | OCCUR? | |
| | OF INJURY | WHILE AT NOT WHILE | | | |
| | | 1. WORK AT WORK | | | |
| | 22. I hereby certify that I attended | the deceased from 16 | F & B , 1957, to 2 | OFEB, 195 | I that I last saw the |
| | deceased aline on DO FIER 19 A | 1 and that double access | and at 745 Day from th | a amazana and on the | he data stated whoma |

23A. SIGNATURE BURIAL, CREMA-REMOVAL (Specify)

24A

24B. DATE

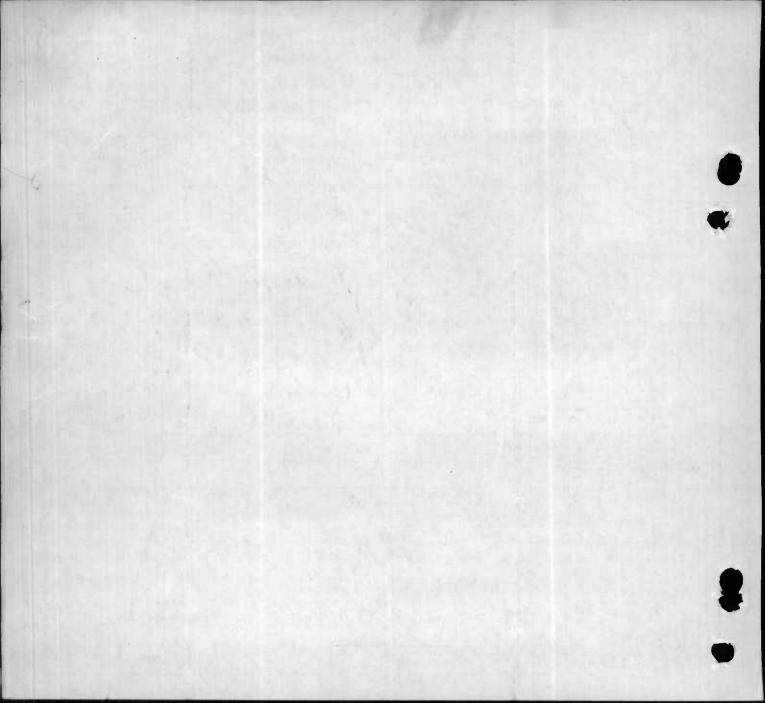
23B. ADDRESS

RECEIVED BY BEGISTRAN

ADDRESS

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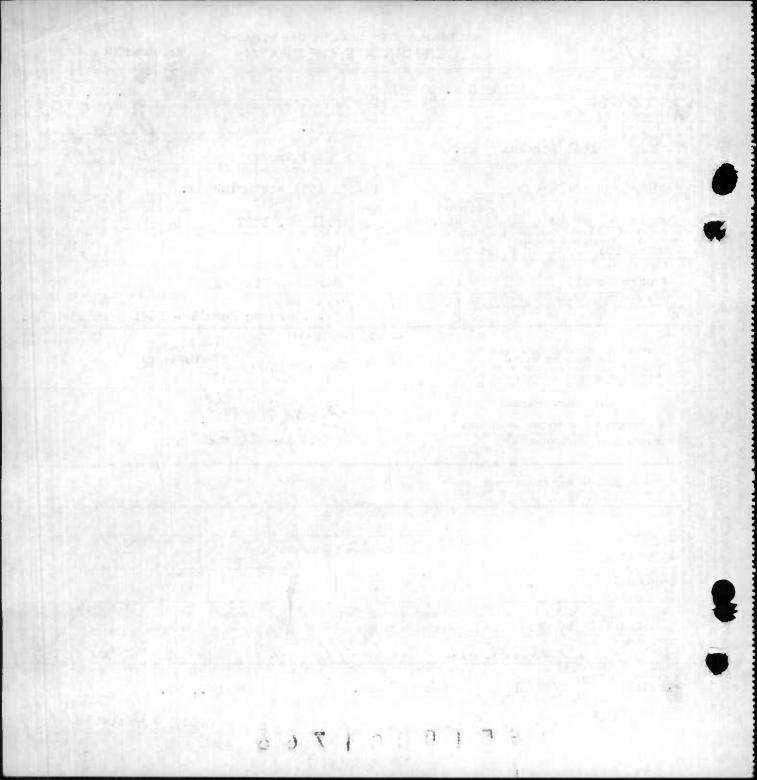
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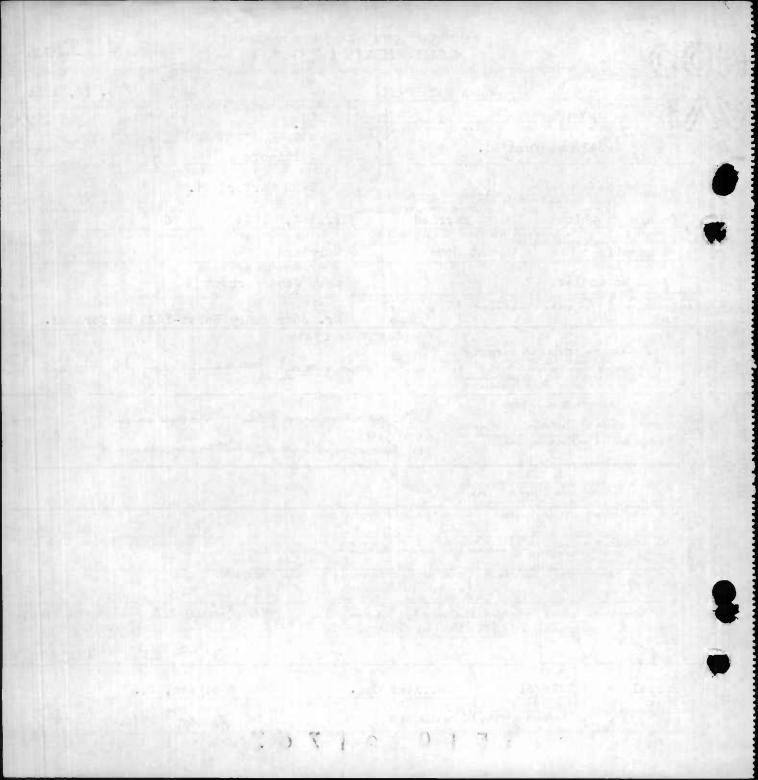


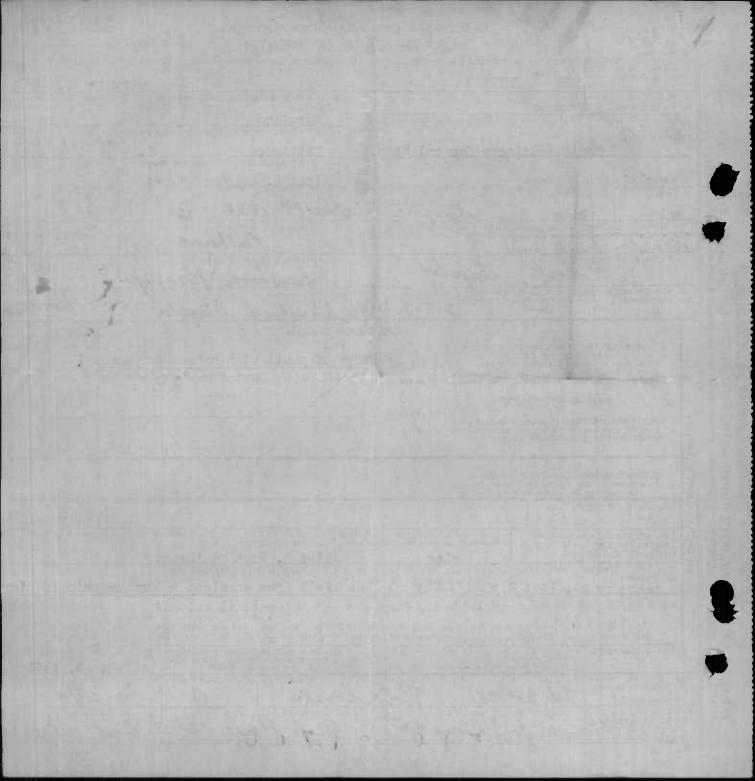
| -6 | 2. | 5 |
|-------------|----|-----|
| 51 BIRTH | J. | 769 |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1769

| | IXTII IVO. | | | | | | | |
|------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------|----------------------|
| 1. (T | NAME OF D | ECEASED | CORA | MAY HORST | | 2. DATE OF DEATH | Feb. 22, 19 | 951 |
| A. | | City, Maryland | | | 4. USUAL RESIDENCE (W | | . If institution : resi | |
| H | FULL NAME OSPITAL OR | OF (If not in hospit | al or institut | ion, give street address or location) | Md. | | -07 | |
| IN | ISTITUTION | 3420 Harfor | d Rd. | | and the second s | outside corporate li | | and give township |
| - 5 | 7.1/ | | | Yrs. | Baltimore D. STREET ADDRESS (If | wood aire la dies | | |
| | Tanakh af a | | | Mos. | | | | |
| | SEX | tay in Baltimore | 7 SINGLE | Days Days | 3420 Harford | | 1 4 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | |
| | female | white | WIDOW | erried (Specify) | April 3, 1874 | 9. AGE (In years last birthday) | Months Days Hou | nder 24 Hours |
| 10 work | Housewi | CCUPATION (Give kind of of working life, even if retired) | | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for Maryland | oreign country) | 12, CITIZEN C | |
| 13 | FATHER'S | NAME | | | 14. MOTHER'S MAIDEN NA | AME | | |
| | John Mo | Candless | | | Mary Jane Barnet | | | |
| 15 | . WAS DECEAS | ED EVER IN U.S. ARMEI | FORCES? | I 16. SOCIAL | 17. INFORMANT | | | |
| Ye | n, no or unknown) | (If yes, give war or date | s of service) | SECURITY NO. | | T | ADDRESS | |
| | | , | | none | Mr. John Henry H | 10FSU-34ZU | INTERVAL E | |
| | 18. 420 | | -141-22 | CAUSE | OF DEATH | | ONSET AND | DEATH |
| | | SE OR CONDITION LEADING TO DEA | TLI | -8-0 | 0 | | | A. |
| | heart tailt | s not mean the mode of tre, asthenia, etc. It mea complication which of | ns the diseas | e, | | Lusian | سے ما | aak |
| | , | | | ., 502 10 | \ | | | |
| 7 | ANTECEDENT CAUSES | | | | terrier C-V | dono | 0 10 | - 1 |
| ICATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | | | E DUE TO | nalized arts | Errosabr | ١٥٦ ال | |
| CERTIFICA | TRIBUTING | II BIGNIFICANT CONDI B TO THE DEATH, BUT ISEASE OR CONDITION | NOT RELATE | D | | | | |
| _ | 19A. DATE C | F OPERATION 1 | 9B. MAJOR | FINDINGS OF OPER | ATION | | 20. AUT | OPSY? |
| DICA | | | | | | | YES | NO 4 |
| ш | 21A. ACCIE LYING OF CAUSE OF | ENT WAS UNDER- R CONTRIBUTING DEATH | 218. PLA about home, f | CE OF INJURY (e. g., in arm, factory, street, office bldg., e | or 21c. WHERE DID (I te.) INJURY OCCUR? | f in Baltimore City | y, give exact locat | ion) |
| Σ | 21D. TIME | (Month) (Day) (Year) | (Hour) | 21E. INJURY OCCURRI | ED 21F. HOW DID INJURY | OCCUR? | | |
| | OF INJURY | | m. | WORK NOT WHILE | | | | |
| | 22 7 1 | | | | 27 1040 57 | T = 0 # 2 10 | 61. | |
| | deserved a | y certify that I att | enaea the | and that death occur | 3.7 310 34 Qto 7 | | 5, that I last | |
| | 23A. SIGNA | TURE / | ₹ 19 <u> ⊃ </u> ((| | 3B. ADDRESS | he causes and on | 23c. DATE S | |
| | Wan | 1. 1d. Ir | ens | 95 M. D. | 15 20 to 33 | and go | 230. DATE | SIGNED |
| 24 | A. BURIAL, (S | CREMA- 24B. DATE | 1/2 | 24c. NAME OF CEMETE | 3 - 3 - 9 - 0 - 0 | OCATION (City, tox | wn, or county) | (State) |
| TIC | on, REMOVAL (S Burial | 2/26/51 | (1) | Lorraine Com. | | | | , , , , , |
| DA | TE RECEIVE | | SSIGNATII | | 25 FUNERAL DIRECTOR | odlawn, Md | ADDRESS . | _ |
| LC | CAL REGIST | RAR Thurtu | | liams, M. | Wm. J. rele | ener & So | no= bal | 0 |
| | VS 150 | 1001 | 9 5 | 1000 | 1767 | | 0-1 | ta. |
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| 7 | MARGIN | TARGIN RESERVED FOR BINDING | R BINDING | | | |
|---------------------------------------------------------------------------------------|-------------------------|------------------------------------|---------------------|------------------------|----------------|-------|
| Specially important. Physicians: please write the causes of death clear, and legisly. | UNFADING Physicians: | INK. Every itc | eauses of death cle | shirt be are and legan | ally supplied. | Phe J |
| | | | | | | |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CHARLES T. PARKER DEATH Feb. 20,1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY Marva nd B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 2613 Huron St. Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. 2613 Huron St. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify, 8. DATE OF BIRTH 9. AGE (in years) last birthday) Months; Days Hours; Min. fale Tav 4.1896 Colored Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Contractor Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Crody F Charles T. Parker Sr. Carrie Murdock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. Mrs. Gertrude Parker 2613 Huron St CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY CARCINOMA of Lung LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION
CANCINOME METASTATIC INCENTION 19A. DATE OF OPERATION Inmoh mode 1/30/5 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? NO ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT 23A. SJONATURE 23B. ADDRESS heliard Obelen 1823 Parts tue CI7 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 2-25-51 Burial Auburn

(If in Baltimore City, give exact location) 22. I hereby certify that I attended the deceased from 1/15, to 2/20, 1951, that I last saw the deceased alive on 2 18, 1951, and that death occurred at 12, m., from the causes and on the date stated above. , 1951, that I last saw the 23c. DATE SIGNED 24D. LOCATION (City, town, or county) Baltimore. Md. 578DDRESS Biddle DATE RECEIVED BY REGISTRAR'S SIGNATURE , 25. FUNERAL DIRECTOR VS 150

before admission)

If Under 1 Year

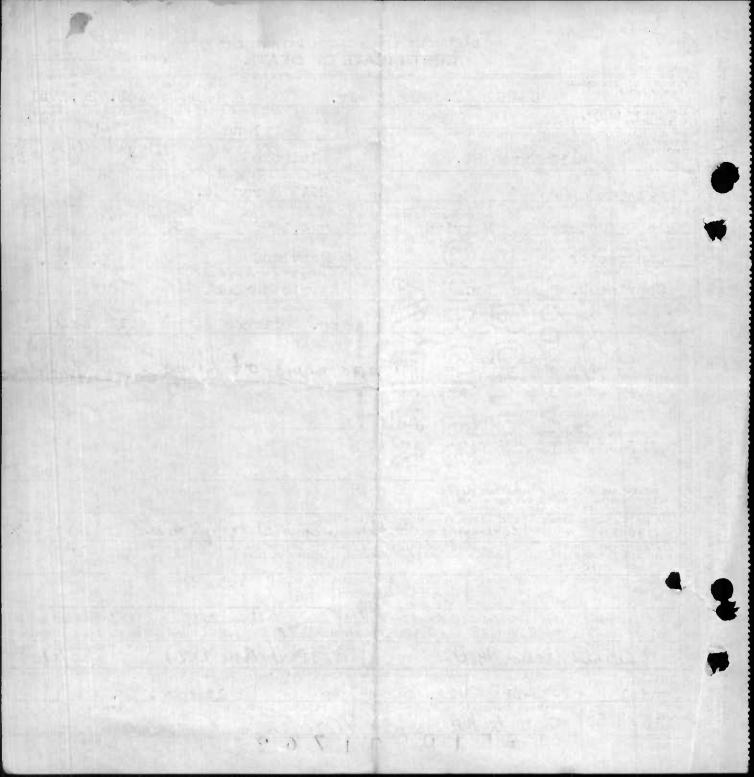
ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

S. A.

20. AUTOPSY



Registered No

before admission)

township)

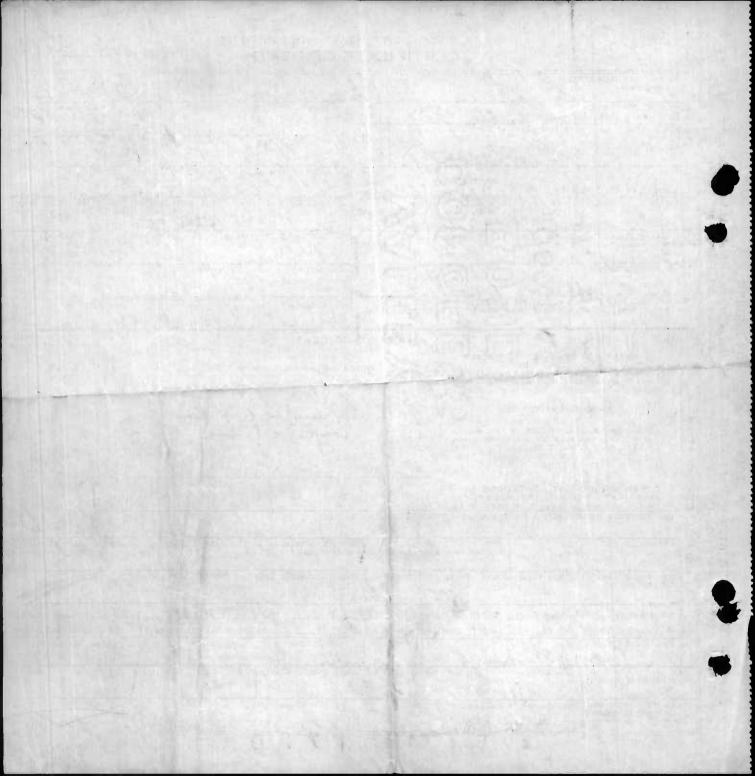
| Specify) | 8. DATE OF BIRTH 9. AGE (in years) Il Unifer last birthday) Months | l Year it Under 24 Homs Days Hours Min. |
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| OR JSTRY | 11. BIRTHPLACE (State or foreign country) 12. | CITIZEN OF WHAT COUNTRY? |
| | 14. MOTHER'S MAIDEN NAME | |
| NO. | Vincent J. Salkowski 4201 | Grace Cr. |
| USE (| OF DEATH | INTERVAL BETWEEN |
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| rter | irclustie C. V desisse c | |
| | congestive failure | |
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| OPER | ATION | 20. AUTOPSY? |
| (e.g., ir cobldg.,e | or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR? | exact location) |
| CURRE | 21F. HOW DID INJURY OCCUR? | |
| WHILE | | |
| 2 | 2 , 1951, to 2/24 , 1951, th | |
| | red at 5A.m., from the causes and on the d | |
| D. | 4700 Sensey Low We. | Odnty) (State) |
| 030 | · Cemer . a.a. Co. md. | (2300) |
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| 7 | Thymn & Theming 1426 Le | 920 |
| | | 12% |

2. DATE

DEATH

B. COUNTY

VS 150



| M- | 2 | 50 10 | BC BALTIMORE CITY | HEALTH DEPARTMENT | 53 | 1.773 |
|-------------------------------|---------------|-------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------|----------------------------|-----------------------------------------------|
| The | | 1773 RTH NO. | | TE OF DEATH | Registered No | |
| | | NAME OF OECEASED pe or Print) Seph | Messina | | 2. OATE OF DEATH 2-2 | 1-51 |
| supplied. | A. I | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in bos) | pital or instituțiun, give strect address | 4. USUAL RESIDENCE () A. STATE | here deceased lived. If in | stitution: residence before admission) |
| lly | HOS | SPITAL OR WEAR | mul brulal | | outside corporate imits | write RURAL and give township) |
| ru legibly. | с. І | Length of stay in Baltimore | 50 Yrs | 7077 1/2 | rural, give location) | |
| ld be | 5. S | | | 8. DATE OF BIRTH | 9. AGE (In years HU | hs Days Hours Min. |
| n s' clean | 10A work d | USUAL OCCUPATION (Give kind lone during most of working life, even if retire | Rospero Truit Co | 11. BIRTHPLACE (State or for | oreign country) | 2. CITIZEN OF WHAT COUNTRY |
| matio eath | 13. | FATHER'S NAME | Marana (W | 14. MOTHER'S MAIDEN N | AME | North |
| information s of death cle | 15. (Yee, | WAS DECEASED EVER IN U. S. ARM no or unknown) (If yes, give war or de | ED FORCES? 16. SOCIAL SECURITY NO. | Josephine 3 | . 11 | Beechland |
| of | 1 | 18. 470.0 | CAUSE | MRS. CAINERIS | NE MESSINA | - 2827 INTERVAL BETWEEN ONSET AND DEATH |
| y ite | | DISEASE OR CONDITION LEADING TO DE (This does not mean the mode | ATH | Erioscherte Le | ant disease | ONSET AND DEATH |
| Every write th | | heart failure, asthenia, etc. It m injury or complication which | eans the disease. | OFDIE | | |
| Se. | Z | ANTECEDENT CAL | (B) | CERTIFICATION | | |
| NG IN | CATIO | DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION | STATING THE OUE TO | GHIEF OR ASST. MED | forther. D. | |
| UNFADING Physicians: | RTIF | OTHER SIGNIFICANT CONT | | of the | TONE EXAMINER | |
| P. C. | CE | TO THE DISEASE OR CONDITION | | ERATION | | 20. AUTOPSY? |
| WITH rtant. | CAL | 214 ACCIDENT WAS ALLES | 218. PLACE OF INJURY (e. g. | , in or 21c. WHERE DID () | If in Baltimore City, giv | YES NO |
| LY, WITH | Σ | 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH | about home, farm, factory, street, office bld | g.,etc.) INJURY OCCUR? | | e exact location) |
| | | 210. TIME (Month) (Day) (Yea OF INJURY | m. WHILE AT NOT WHILE AT WORK AT WORK | LE | Y OCCUR1 | |
| rE | | 22. I hereby certify that I a deceased alive on | trended the deceased from | urred at m from t | he causes and on the | that I last saw the |
| RITE is esp | | 23A. SIGNATURE S. | Nelson M.D. | 23B. ADDRESS Memori | | 23c. DATE SIGNED 2-21-57 |
| ASF ect a | TION | A. BURIAL CREMA- 248. DATE PREMOVAL Specify) | 151 Hale | edeenus | Salfo | r county) (State) |
| PLEAS] correct | | TE RECEIVED BY REGISTRAL REGISTRAL 23 195 | R'S SIGNATURE | 25. FUNERAL DIRECTOR | 5305 Ha | reford Pd |
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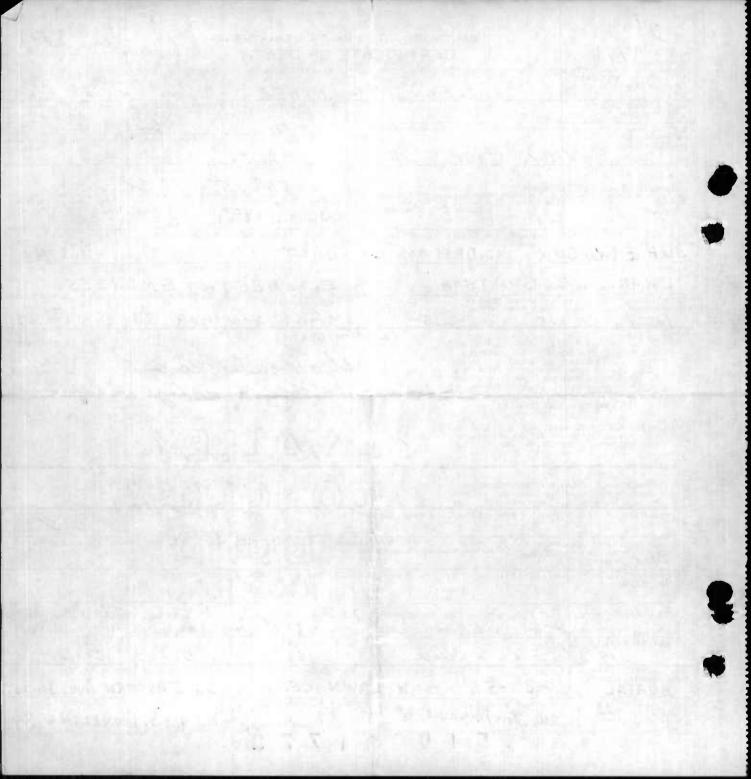
WHAT COUNTRY

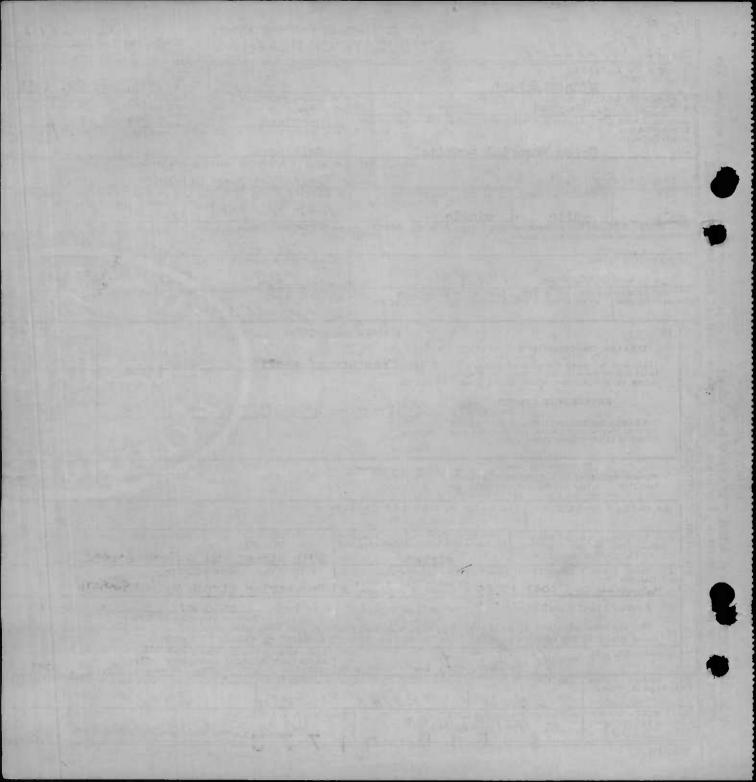
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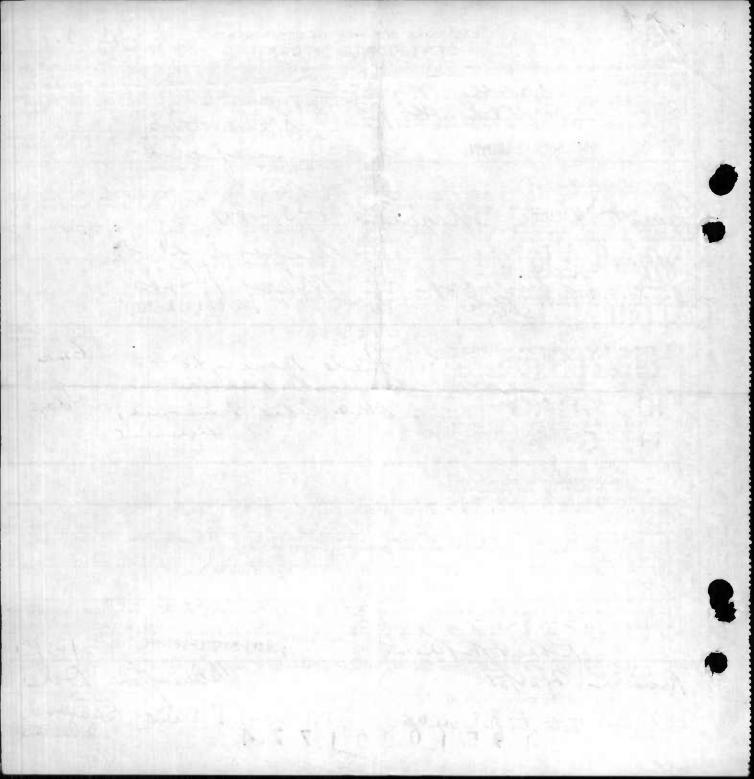
ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED







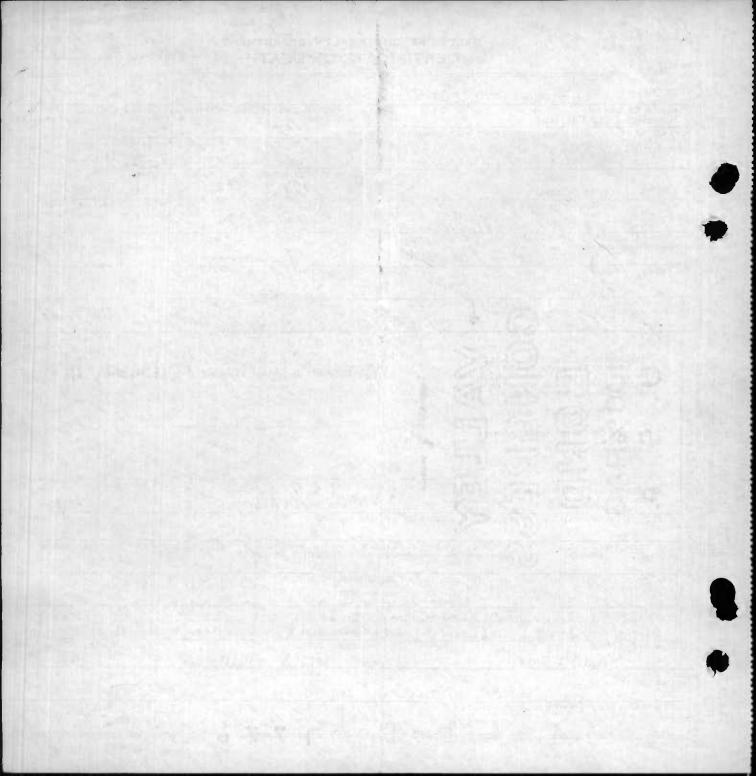
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASE 2. DATE (Type or Print) OF ully supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate imits, write RURAL and give INSTITUTION (If rural give location) Yrs. Mog c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX II linder I Year 7. SINGLE, MARRIED 9. AGE (In years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes 7-16-82150 item 18. DEATH 447 Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: ERTIE 11 UNF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION mportant. EDICA 21c. WHERE DID 21A, ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D, TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT AT WORK WORK 10 JAW , 19.51, to 22. I hereby certify that I attended the deceased from. , that I last saw the 19.5 and that death occurred at_ m., from the causes and on the date stated above. deceased Wive on 23C. DATE SIGNED 23B. ADDRESS 23A. SIGNA TURE NowIX MULLE 24B. DATE CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION BEMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

before admission)

H Under 24 Hours

WHAT COUNTRY?

ONSET AND DEATH

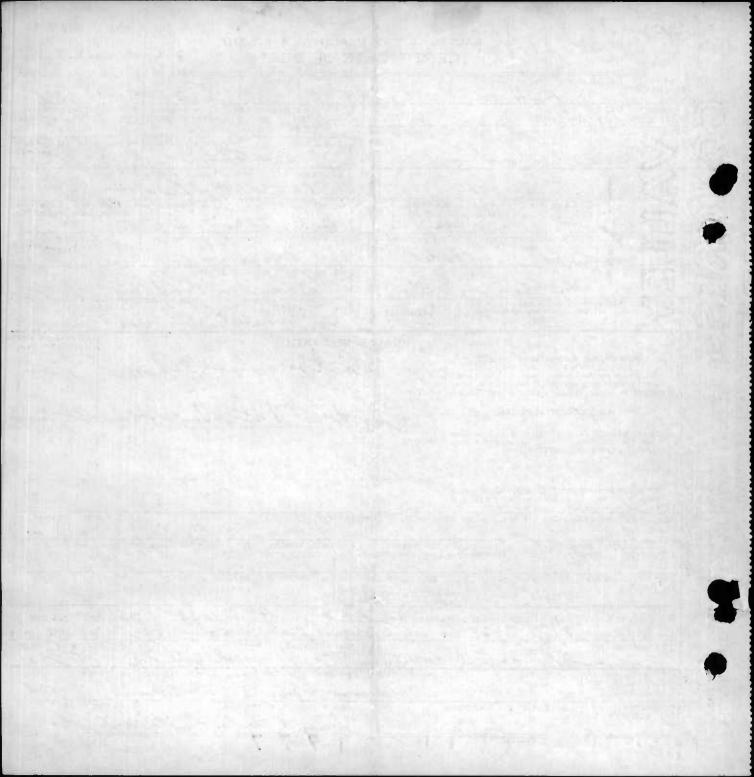


MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

| | Regist | tered N | 0 | |
|----|--------|---------|---|--|
| 2. | DATE | | | |

| L'he | ВІ | IRTH NO. | | | LICITI ICAT | E OF DEATH | | |
|----------------------------|---------------------------------------------------------------------|------------------------|----------------------------------------------------------------|--------------------|-----------------------------------|-----------------------|---------------------------|-------------------------------|
| - 1 | | NAME OF D | | 1 | CMIT | <i>U</i> | 2. DATE OF | 11 |
| supplied | 3. | PLACE OF D | EATH: | VIE C | SMITI | 4. USUAL RESIDENCE | E (Where deceased lived, | |
| idns | В. | FULL NAME | City, Maryland OF (If not in hosp | tal or institution | , give street address or | A. STATE M. | B. COUNTY | before admission) |
| lly : | | OSPITAL OR | | 201. | location) | C. CITY OR TOWN | (If outside corporate lin | nits, write RURAL and give |
| oly. | 4 |)() | 102 8. | allens | Yrs. | D STREET ADDRESS | (If rural, give location) | 0-00 |
| | c. | Length of s | stay in Baltimore | | Mos. Days | | Collins a | Inc. |
| ld be | 5. | SEX | 6. COLOR OR RACE | WIDOWED | MARRIED, D. DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (in years) | |
| ho | 10 | A. USUAL OC | CUPATION (Give kinds | 10B. KIND O | F BUSINESS OR | 11. BIRTHPLACE (State | e pr foreign country) | 12. CITIZEN OF |
| s uc | worl | | of working life, even if retired | Self. | .act. INDUSTRY | misso | mi | WHAT COUNTRY |
| information of death cl | 13 | B. FATHER'S | NAME | . 0 | | 14. MOTHER'S MAIDE | 0 | |
| orm | 15 | S WAS DECEAS | John of EVER IN U. S. ARMI | D EDDOTET 1 | 6. SOCIAL | margar | et coffe | 4 |
| infe is of | (Ye | es, no or unknown) | (If yes, give war or da | es of service) | SECURITY NO. | han brace C | C. P. ett. | ADDRESS Y S. Callen ac. |
| em of i | | 1 | 2.1 | | CAUSE | OF DEATH | · career / e | INTERVAL BETWEEN |
| titem | | 7 | SE OR CONDITION | | | 0 | 1) 4 | ONSET AND DEATH |
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| Ever | | injury or | complication which | caused death.) | DUE TO | 11 | (h N. | 0 |
| K. | ANTECEDENT CAUSES | | | (B) Co | don I'm | cular As | ~ 2 No | |
| INK. | OF | RISE TO | S OR CONDITIONS, |) STATING THE | DUE TO | | | |
| DING ians: | ICA | UNDERL | YING CONDITION | AST. | | | | |
| A. | TIF | | п | | (C) | | | |
| UNF | ER | TRIBUTIN | SIGNIFICANT CONI G TO THE DEATH, BU DISEASE OR CONDITION | NOT RELATED | | | | |
| ht . | L | | | | INDINGS OF OPER | RATION | | 20. AUTOPSY? |
| LY, WITI | ICA | 21a, ACCID | ENT, SUICIDE. | 21B. PLAC | E OF INJURY (e.g., | n or 21c, WHERE DID | (If in Baltimore City | yes No , give exact location) |
| Y, V | EDI | HOMICIDE | (Specify) | about home, farm | a, factory, street, office bldg., | etc.) INJURY OCCUR? | | |
| E E | 2 | 21b. TIME OF INJURY | (Month) (Day) (Year | | E. INJURY OCCURR | | JURY OCCUR? | |
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| pec | | | y certify that I a | | | 112 11947, t | | I, that I last saw the |
| ITE | | deceased a | | | d that death occur | rred at / m., fr | om the causes and on | the date stated above |
| | | 1 | mestel | alund | M. D. | 77/ Mehr | cal lass 21 | 7/29/51 |
| SE | 2 | ON REMOVAL | Specify) | // | C. NAME OF CEMETE | 1 | 4D. LOCATION (City, toy | vi, or county) / (State) |
| PLEASE correct a | D | ATE RECEIVE | D BY REGISTRA | S'S SIGNATURI | Cathed | 25. FUNERAL DIRECT | TOR | ADDRESS |
| PI | L | OCAL REGIST | TRAR | e WA | Carried M. St. | Serge A. Far | leg Fultara | cofryethe SV. |
| | - | - Ba | 1951 Thursa | WATER TO | 000 | 1977 | √ | |



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|---------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|---------------------------------|
| 51. 4.7 BIRTH NO. | 80 | | E OF DEATH | Registered No | |
| 1. NAME OF (Type or Print) | | Scaloni or Scolani | | 2. DATE OF DEATH Februar | v 22 1951 |
| 3. PLACE OF A. Baltimore B. FULL NAME | City, Maryland 47 | O3 Hampnett Ave | 4. USUAL RESIDENCE (W A. STATE Md. | | |
| HOSPITAL OR INSTITUTION | | Nursing Home | | putside corporate limits, wi | rite RURAL and give township |
| c. Length of | stay in Baltimore | Yrs. Mos. Days | D. STREET ADDRESS (Hr 109 S. High St. | ural, give location) | |
| 5. SEX Male | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify WICOWOOD | 8. DATE OF BIRTH | 9. AGE (In years If Under last birthday) Months | |
| Longsho | | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for | | CITIZEN OF WHAT COUNTRY |
| 13. FATHER'S | useppe Scalon: | | 14. MOTHER'S MAIDEN NA Francesca Vale | me astri | |
| 15. WAS DECEA | SED EVER IN U. S. ARMEI | FORCES? 16. SOCIAL SECURITY NO. 215-09-3336 | 17. INFORMANT Joseph Scaloni | (Son) 2823 Pine | |
| Z O DISEAS E RISE TO | ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) LYING CONDITION LA | F ANY, GIVING STATING THE DUE TO | elary Carcinov | | |
| OTHER TRIBUTIO | II SIGNIFICANT COND NG TO THE DEATH, BUT DISEASE OR CONDITION | NOT RELATED | | | |
| ZIA. ACCIE | OF OPERATION O | 98. MAJOR FINDINGS OF OPE 218. PLACE OF INJURY (e. g., | | I in Baltimore City, give | YES NO Exact location) |
| HOMICIDE 21b. TIME OF INJURY 22. I here | (Specify) (Month) (Day) (Year) by certify that I attalive on Ter- 22 | about home, farm, factory, street, office blds. (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK conded the deceased from 19 11, and that death occur | RED 21F, HOW DID INJURY | OCCUR? 2. 22, 195, the eauses and on the d | hat I last saw th |
| 24A. BURIAL, TION, REMOVAL Burial | CREMA- 248. DATE (Specify) | 24c. NAME OF CEMETI 1951 Holy Redeeme | 4430 | Belair Rd. Ba | |
| DATE RECEIV LOCAL REGIS | ED BY REGISTRAR | s signature | Frank DIRECTOR | | gh St. |
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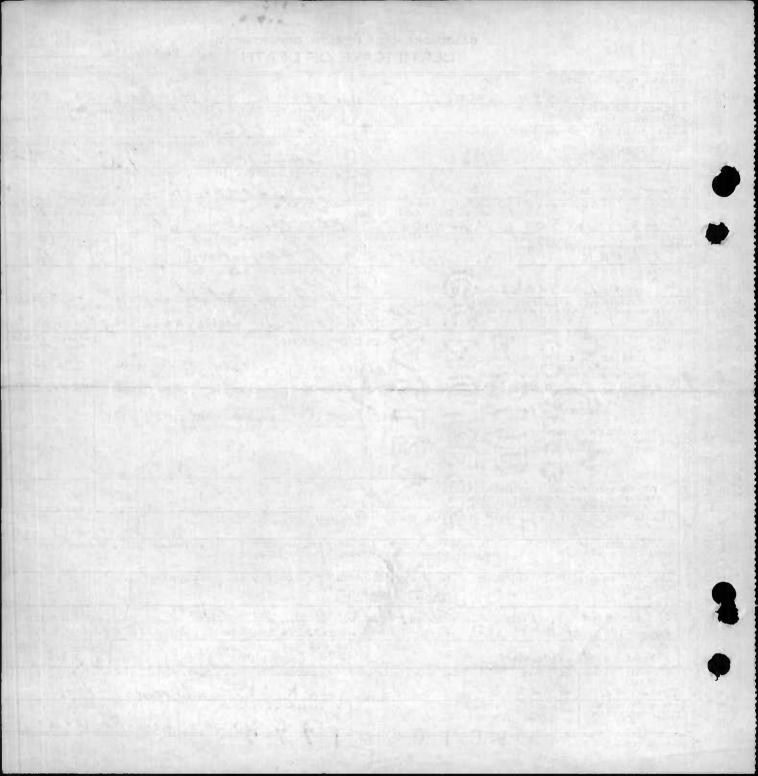
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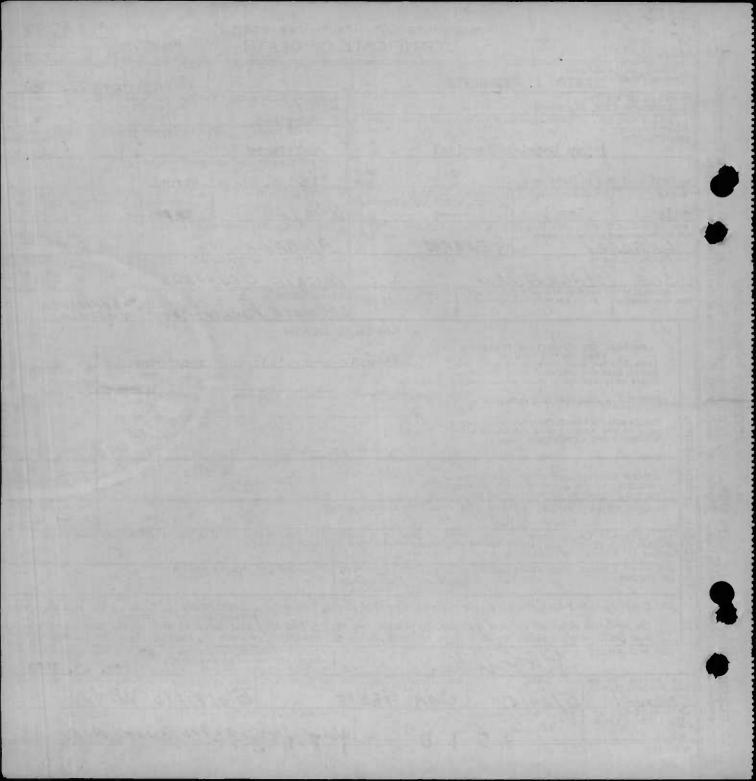
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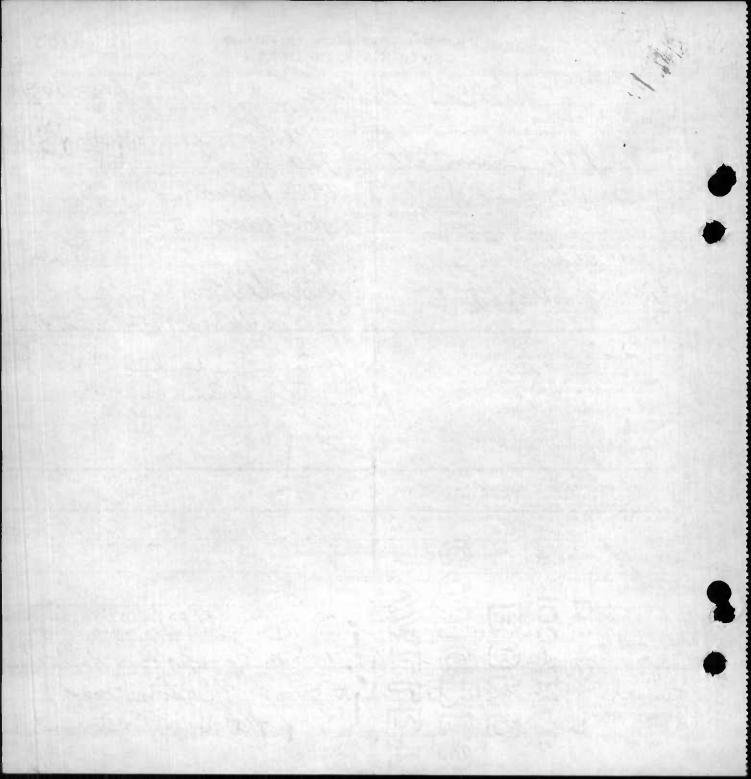


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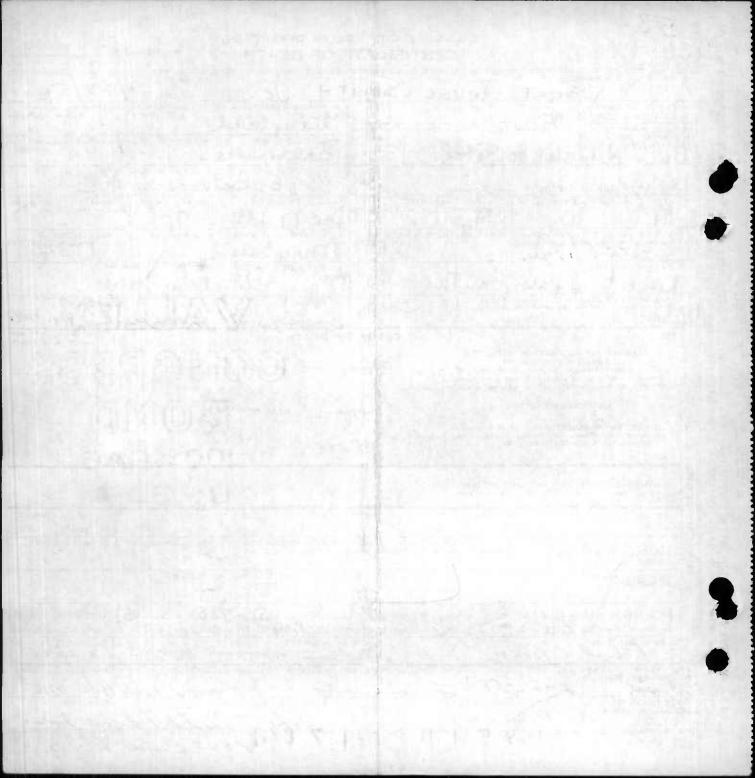


| W | | E CITY HEALTH DEPARTMENT | 51 1.785 Registered No. |
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| l. The | BIRTH NO. 1. NAME OF DECEASED (Type or Print) | 11/: 1/200 | 2. DATE 4. 6. 73 1001 |
| ully supplied. | 3. PLACE OF DEATH: A. Baltimore City, Maryland | A. STATE | here deceased lived, If institution: residence B. COUNTY before admission |
| ully su | B. FULL NAME OF (If not in hospital or institution, give st HOSPITAL OR INSTITUTION) | | outside corporate limits, write REVAL and give |
| le stoly. | c. Length of stay in Baltimore Life | Yrs. D. STREET ADDRESS (If a Mos. Days 1912 Drue | ural, giye location) |
| d be | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRII WIDOWED, DIVO | RCED (Specify) april 9 1898 | 9. AGE (In years li Under I Year last birthday) Months Days Hours Min. |
| ion sh | 10A. USUAL OCCUPATION (Give kind of working life, evy tif retired) work dope dering most of working life, evy tif retired) 13. FATHER'S NAME | INDUSTRY | WHAT COUNTRY |
| IDING information of death cl | Henry Howey | Letrude 73 | rown. |
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| o it | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A | A pertense | Carles - |
| | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE | 1100 11. | ware |
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| MARGIN UNFADING Physicians: | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | h | |
| WITH rtant. | 198. DATE OF OPERATION 198. MAJOR FINDING | | 20. AUTOPSY? YES NO in Baltimore City, give exact location) |
| LY, WITI | LYING OR CONTRIBUTING about home, farm, factory, | | |
| ciah | OF INJURY WHILE AT WORK | NOT WHILE AT WORK | |
| RITE As especi | 22. I hereby certify that I attended the deceased deceased alive on 2/22/, 1951 and that 23A. SIGNATURE | death occurred at 11 m., from the | , 19\$\(\frac{1}{2}\), that I last saw the causes and on the date stated above |
| | 24A. BURIAL. CREMA- 24B. DATE 24C. NAM | E OF CEMETERY OR CREMATORY 240. LC | CATION (City, town, or county) (State) |
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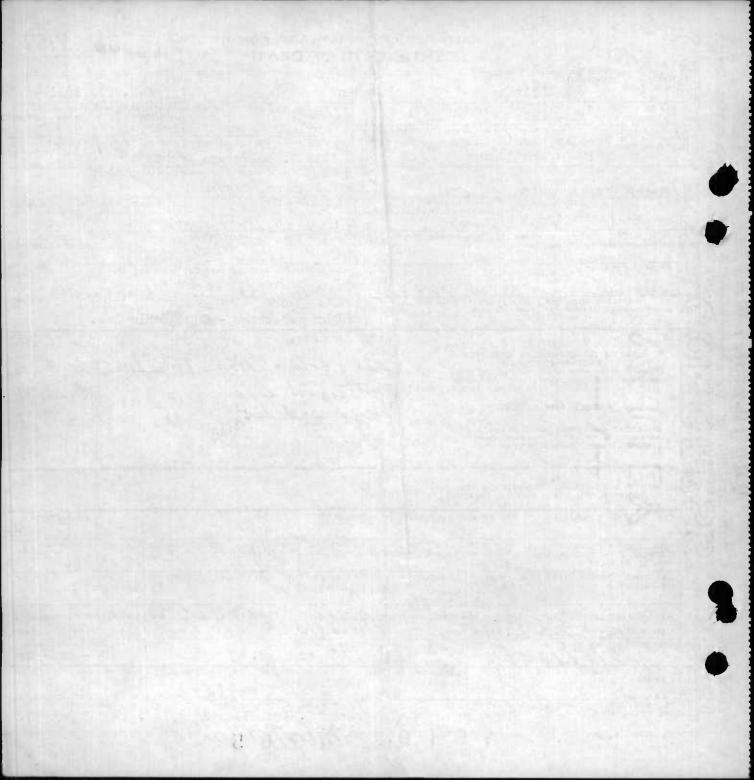
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| MARGIN RESERVED FOR BINDING LY, WITH UNFADING INK. Every item of information st. Id be caused important. Physicians: please write the causes of death clear and legibly. | 1. (7) 3 A A B. H. H. H. C. S. | DA. USUAL OCCUPATION (Greathed) Adone during most of working life, even if retired) Adone during most of working life, even if retired) FATHER'S NAME 5. WAS DECEASED EVER IN U.S. ARMED FORCES? M. M. DO CUBDONN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (This does a Cause Lay Stating The Health of the disease, in jury or complication which caused death.) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTIONS CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF OPERATION 21A. ACCIDENT WAS UNDER. LYTING OR CONTRIBUTING ABOVE HEALT CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the decased from Work Allows Month of the causee and on the cause and on the cause and on the causee and on the causee and on the causee and on the causee and on the cause and on the cause and on the cause and on the cause and on the causee and on the cause | titution: residence before admission) Attack URAL and give township. The I Very Hours Min. CITIZEN OF WHAT COUNTRY. TINTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES NO exact location) |
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| ed. T | 1. NAME OF DECEASED (Type or Print) Elizabeth | Buttner | 2. DATE OF Feb. 23, 1951 |
| BINDING of information stands be fully supplied. | 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street of the properties of the | A. STATE Maryland c. CITY OR TOWN (If or 1212 W. Belvedere D. STREET ADDRESS (If ru Baltimore, Maryland CED (Specify) NESS OR INDUSTRY 14. MOTHER'S MAIDEN NAM | ere deceased lived. If institution: residence B. COUNTY before admission NONE township AVENUE township 9. AGE (In years last birthday) Months: Days Hours: Min. eign country) 12. CITIZEN OF WHAT COUNTRY ADDRESS |
| MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- | | Trailer 2-3 day |
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| LY, WITH important. | 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJ LYING OR CONTRIBUTING about home, farm, factory, at- | JURY (e.g., in or 21c. WHERE DID (If | 20. AUTOPSY? YES No |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJUR OF INJURY WHILE AT WORK | NOT WHILE AT WORK | |
| F RITE | 22. I hereby certify that I attended the deceased deceased alive on 23 1951, and that a 23A. SIGNATURE 24B. DATE 24C. NAME | death occurred of 10 59m., from the 23B. ADDRESS 1403 Park Ave. | 23, 1957, that I last saw the causes and on the date stated above 23c. DATE SIGNED 2 - 24 - 51 CATION (City, town, or county) (State) |
| PLEASE correct a | DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE | 25. FUNERAL DIRECTOR John O. Mitchell & S | ADDRESS Sons, Inc1900 Eutaw Pl. |
| | VS 150 | o Januare | 93) |



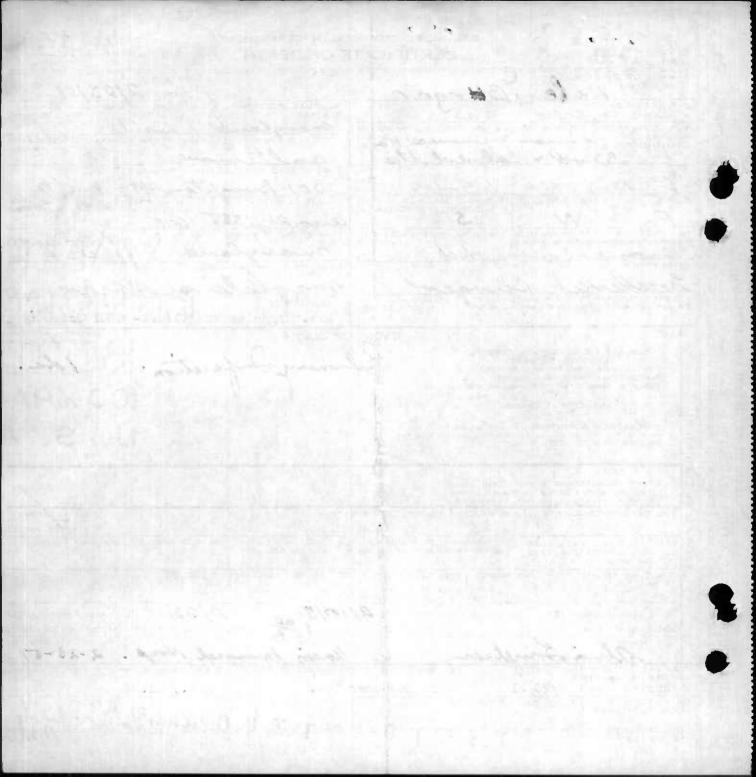
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ally supplied. OF Catherine DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location (If outside corporate limits, write IfURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. p. STREET ADDRESS (If rural, give location) Mos. Lugene c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years In Under I Year If Under 24 Hours Min. WIDOWED, DIVORCED (Specify) 1 dow 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY information s of death cle housework own 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ran 4021 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST, UNFADING Physicians: RTIF (C) H OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE CEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 2 - 22 192/, that I last saw the 22. I hereby certify that I attended the deceased from deccased alive on 2-22 192/ m., from the causes and on the date stated above. .. and that death occurred at. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-244. NAME OF CEMETERY OR CREMATORY (State) TION. REMOVAL (Specify) M.Lawn Buria DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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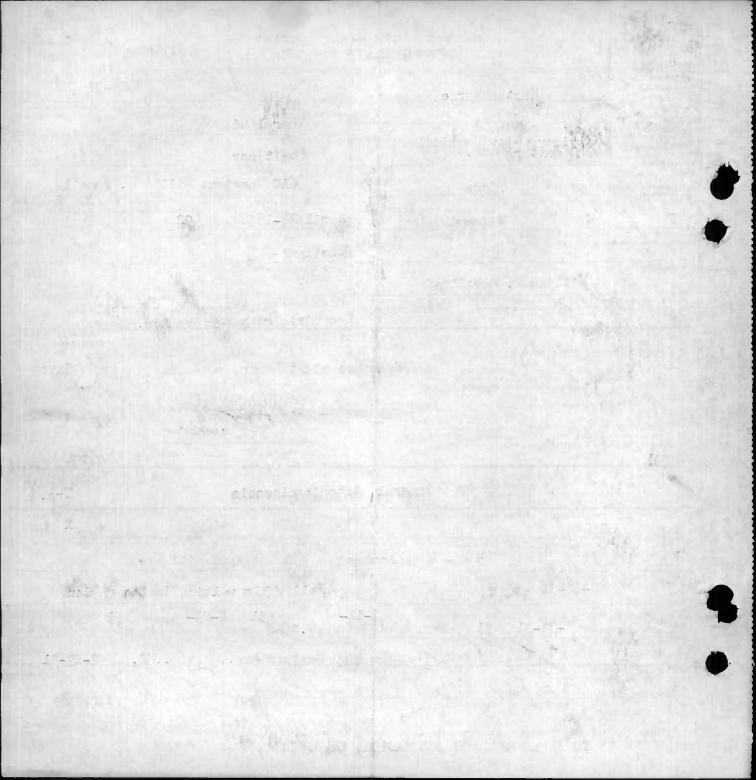
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|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------|
| 'E | CERTIFICAT | TE OF DEATH Registered N | 0 |
| | NAME OF DECEASED Type or Print) Helen Burger | 2. DATE OF DEATH 2/ | 23/51 |
| | Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived. If i | nstitution : residence before admission) |
| В | . FULL NAME OF (If not in hospital or institution, give street address of | | |
| i | NSTITUTION Remarks Hocation | c. CITY OR TOWN (If outside corporate limits | write RURAL and give township) |
| L L | 33 4 Calvert sta | D. STREET ADDRESS (If rural, give location) | <u> </u> |
| 200 | Length of stay in Baltimore 6 5 yrs Days | | salto |
| 5 | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify | | Under I Year If Under 24 Hours ths; Days Hours Min. |
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| 3 WO | OA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR INDUSTR | Y - 0 | 12. CITIZEN OF WHAT COUNTRY? |
| = - | 3. FATHER'S NAME | 14. MOTHER'S MIDEN NAME | 054 |
| near near | Frederick Burns | ma alalana i ma | a B . 40 |
| 4 1 | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 66, no or unknown) (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT AE | DRESS CL |
| | SECORITY NO. | Mrs. Magdalen Musgiller - 33 | 301 Brighton |
| - canses | 18. 465 X CAUSE | OF DEATH | INTERVAL BETWEEN |
| 2110 | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | 0 1 1 | 110 |
| | (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | - free | |
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| EDICA | 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. 6. | io or 21C. WHERE DID (If in Baltimore City, g | YES NO L |
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|) des | 22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur | | |
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| T | ION, REMOVAL (Specify) | ERY OR CREMATORY 24D. LOCATION (City, town, | or county) (State) |
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51 4791 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 2-23-51 OF Martha Byrne DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals 4940 Eastern Ave. (If outside corporate limits, write EURAL and give C. CITY OR TOWN INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 610 Chestnut Hill Ave. zone 18 c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years if Under I Year if Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify April 28-1858 Widowed 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Scotland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William T. McCelland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANBaltimore City Hospitals (Yes, no or nnknown) SECURITY NO. 4940 Eastern Ave. Records: 03.01 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Fracture right Femur heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO RTIFICATI UNDERLYING CONDITION LAST. CHIEF OR ASST. MEDICAL EXAMINER 11 OTHER SIGNIFICANT CONDITIONS CON. General Arteriosclerosis TRIBUTING TO THE DEATH, BUT NOT RELATED Yrs. Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 2C. AUTOPSYT EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)

nome -in garden olo Chestnut Hill Ave CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY 2-12-51 Fell while walking in the garden NOT WHILE WORK 22. I hereby certify that I attended the deceased from 2-14-19.51 to 2-23-__, 19_51that I last saw the deceased alive on 2-23-51, 1951, and that death occurred at 7.06AMn., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 2 M. D. 4940 Eastern Ave. Baltio. Md. 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, of county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR EER 2419 VS 150 N-820,0

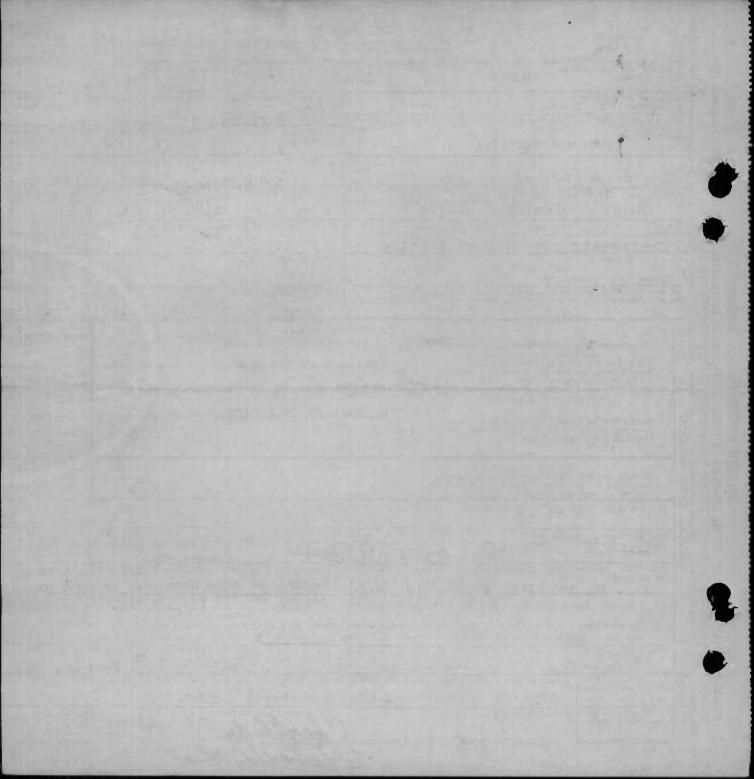


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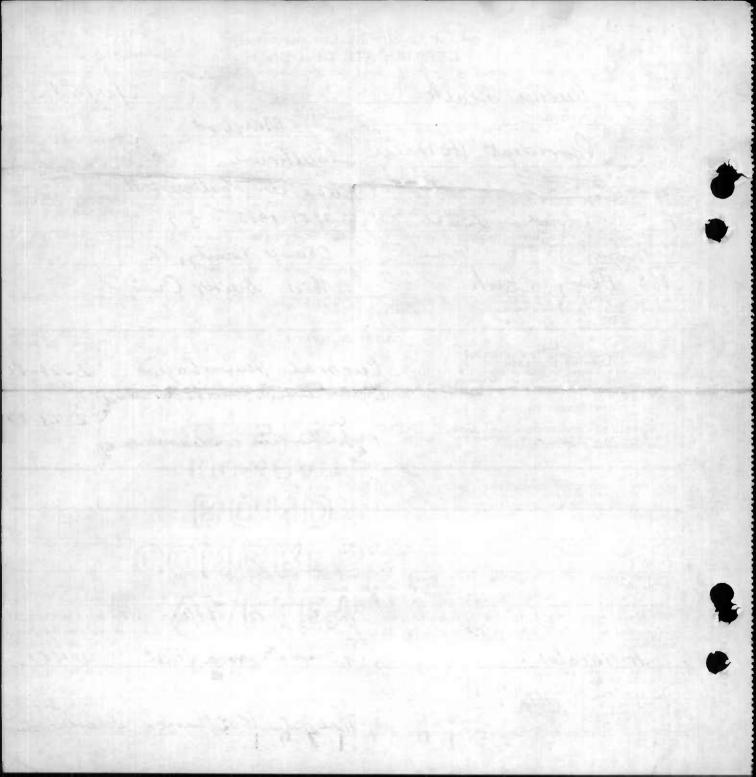


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| he | CERTIFICATE OF DEATH Registered No. | | | | |
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| ed. J | 1. NAME OF DECEASED (Type or Print) austin Clark | 2. DATE OF DEATH 2/21/√-/ | | | |
| supplied | 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street add | A. STATE Mary land B. COUNTY before admission) | | | |
| fully s | | (action) c. CITY OR TOWN (If outside corporate limits) write RURAL and give township) | | | |
| gle | c. Length of stay in Baltimore | Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days Cof W. Mulberry St | | | |
| d be | 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED (STATES) | Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year Months Days Hours Min. | | | |
| | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) When the state of working life, even if retired) | | | | |
| information of death cl | 13. FATHER'S NAME W 2 Hewy Clark | Moits Saiter Cari - | | | |
| f info | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY | NO. 17. INFORMANT ADDRESS | | | |
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| | OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | |
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| J.H | | CURRED 21F. HOW DID INJURY OCCUR? | | | |
| rE | 22. I hereby certify that I attended the deceased from- | 2-21-, 19 ff to 2-21-, 19 ff, that I last saw the occurred at 2 m., from the causes and on the date stated above. | | | |
| S e | 23A. SIGNATURE A. Micolas M. | 23B. ADDRESS D. 1514 Di vition Street 212451 | | | |
| Act | | METERY OR CREMATORY 240. LOCATION (City, town, or county) (State) Aubur Baltimore nd., | | | |
| PLEAS | DATE RECEIVED BY REGISTRAR'S SIGNATURE FEB 2 4 1951 | Mrs Natic G. Williams School St. | | | |



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| he | 51 BIRTH | 1 NO. | 79. |
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH CEASED Nancy Williamson. 2. DATE (Type or Print) OF OL 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION 0 D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore . O Kemont Davs 5. SEX 6. COLOR OR RACE ff Under T Year 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Vidor 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 845 Edwarden an 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES OIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... 1 RTI П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT DICAL VES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 195 , that I last saw the 6 20 h., from the causes and on the date stated above. deceased alive on Land 26, 19 51, and that douth occurred at 23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED 24A. BURTAL, CREMA-240. LOCATION (City, town, or county) 24B. DATE 24C NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify) nd. DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR ADDRESS LOCAL REGISTRAR

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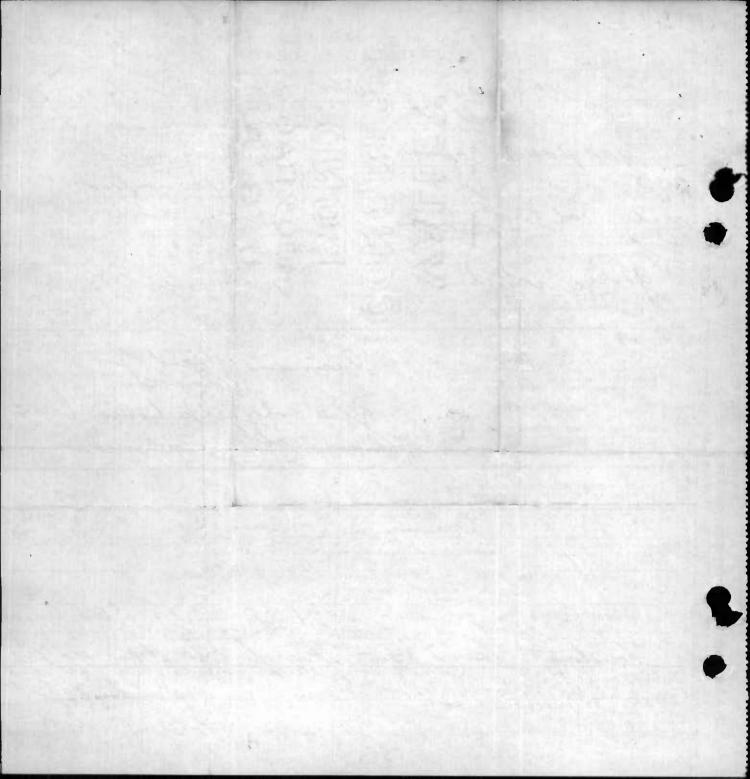
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| J | BALTIMORE CITY HEALTH DEPARTMENT |
|-----------------|----------------------------------|
| 1795 RTH NO. | CERTIFICATE OF DEATH |
| | |

| ·B | 1. | A total | EALTH DEPARTMENT FOR DEATH Registered No. 1.795 |
|-----------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| The | - | IRTH NO. | |
| ed. | (T | Sype or Print) MARY L. BOONE | 2. DATE OF FEB. 23, 1951 |
| ilqq | | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) |
| ns / | H | FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) | C. CITY OR TOWN (If outside corporate) limits, write RURAL and give |
| fully supplied. ly. | 11 | STITUTION 829 N. COLLINGTON AVE | BALTIMORE - Counship) |
| fru gibly. | C | Length of stay in Baltimore GO Yrs. Mos. Days | D. STREET ADDRESS (If rural, give location) § 19 N. COLLINGTON AVE |
| ld b and | 100 | SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) MARRIED. WIRRALE WILLIAM | 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours |
| n sh | worl | DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) HOUSE WORK HOME | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| atio th | 13 | 3. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| NG orm dea | | THOMAS PEMBROKE | ALICE TUCKER |
| BINDING of information uses of death cle | (Ye | 5. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS |
| of of | _ | 18. 470.0 CAUSE | OF DEATH |
| RESERVED FO 3 INK. Every ite please write the | FICATION | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | rehal he marbage 36 hrs. |
| MARGIN UNFADING Physicians: | CERTI | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| н. | CAL | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | RATION 20. AUTOPSY? |
| LY, WIT] important | EDI | 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., | |
| NIL. | Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK | |
| TE espec | | | 30/45, 19, to >23/51, 19, that I last saw the rred at #30/4 m., from the causes and on the date stated above. |
| 'RITE is es | | | 23B. ADDRESS 1501 N. Milth Que 23c. DATE SIGNED 2/24/51 |
| ASE | TIC | 4A. BURIAL CREMA- ON, REMOVAL (Specify) FEB. 16, 51 MORELAND ME | |
| PLEASE correct | Ď | ATE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR FR 2 4 1951 | 25. FUNERAL DIRECTOR ADDRESS ADDRESS LETTE |
| | - | VS 150 | 793 |

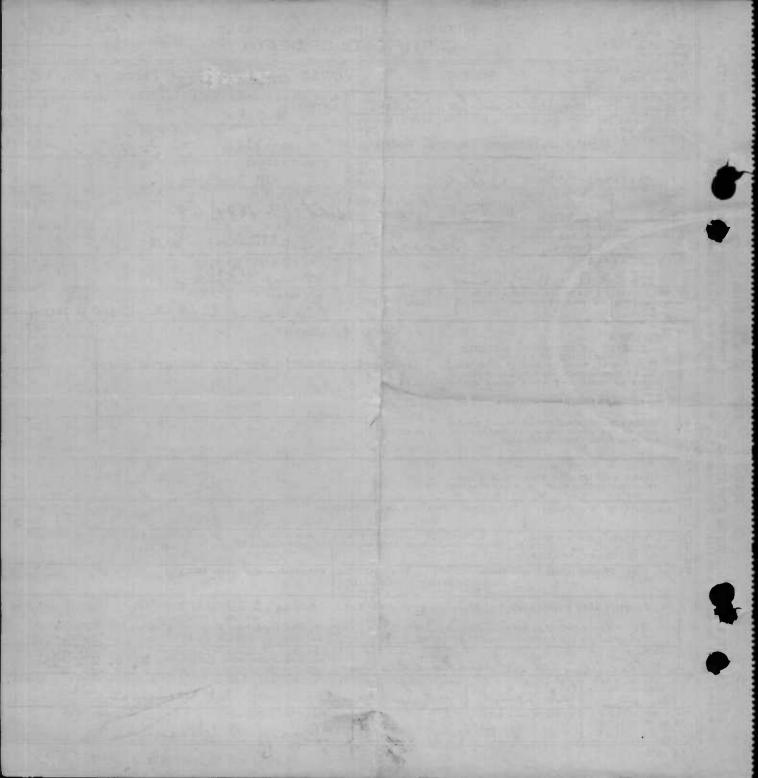
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| W | | BALTIMORE CITY HI | EALTH DEPARTMENT 51 | 1796 |
| The | В | IRTH NO. 1798 CERTIFICAT | E OF DEATH Registered No | 0, |
| | | NAME OF DECEASED MR. BEURGE G. W | hee lop. 2. DATE OF 2/ | 27/17 |
| plie | | PLACE OF DEATH: | 4. USUAL RESIDENCE (Where deceased lived, If in | |
| dns | В. | FULL NAME OF (If not in hospital or institution, give Areet address or OSPITAL OR location) | | before admission |
| fully supplied. | 15 | OSPITAL OR location) NOTITUTION MATHEMATICAL DESTRUCTION OSPITAL OR location) | c. CITY OR TOWN (If outside corporate limits, | write RURAL and give |
| fu fugibly. | - | Yrs. Mos. | D. STREET ADDRESS (if run), give location) | - H4. |
| D 00 | | Length of stay in Baltimore // Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. | | Inder 1 Year If Under 24 Hours |
| ld an | 1 | male white widowed, DIVORCED (Specify) | Leb. 8-1893 58 | ths Days Hours Min. |
| on Clea | worl | DA. USUAL OCCUPATION (Give kind of k dooedury most of worklog life, eveo if retired) | 11. BIRTHPLACE (State or foreign country) | 2. CITIZEN OF WHAT COUNTRY |
| atio th | 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | <u> </u> |
| NG orm dea | | glorge there | may Stick . | Stack) |
| BINDING of information uses of death cle | (Ye | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT MAR P Jan 1, 11 harlan 304 D.C. | Time. ave |
| ~ ~ ~ | | 18. / 177 X . CAUSE | OF DEATH | INTERVAL BETWEEN |
| or it | | DISEASE OR CONDITION DIRECTLY | 1. · - 1 /6 1 1 | - ONSET AND DEATH |
| 27 | | (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, | Vancation 1 | |
| 2 | | injury or complication which caused death.) DUE TO ANTECEDENT CAUSES | | 1/2- |
| RESERVED INK. Ever please write | Z | (B) | weesly pelestete | - 6 louis |
| RE G II | ATIO | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | Solomenel | |
| MARGIN UNFADING Physicians: | FIC, | (c) | | |
| MARGIN UNFADIN Physicians | RTII | OTHER SIGNIFICANT CONDITIONS CON- | | |
| UN Phy | CE | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| It. | AL | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | RATION Coveres - | 20. AUTOPSY? |
| LY, WITH important. | EDIC | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bidg., | n or C. WHERE DID (If in Baltimore City, gi | |
| NLY | Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY | ED 21F. HOW DID INJURY OCCUR? | |
| | | m. WHILE AT NOT WHILE AT WORK | | |
| TE | | 22. I hereby certify that I attended the deceased from | 2/12/, 19 57 to 2/23, 195 rred at 6 2m., from the causes and on the | that I last saw th |
| RITE is esp | | deceased alive on 1957, and that death occur | rred atm., from the causes and on the | 2 date stated above |
| | | Cepetary C. Please P. S | Marylow ge Hop | 2/23/57 |
| SE | TIG | 4A. BURIM., CREMA- 24B. DATE 24C. NAME OF CEMETE | RY OR CREMATORY 249 LOCATION (City town, o | r county) (State) |
| PLEASE correct | D | Surial 82/26/51 Cathe deal | 25. FUNERAL DIRECTOR | ADDRESS |
| PI | L | FD 241951 | A.W. Meus son 8054 | . Culvert St. |
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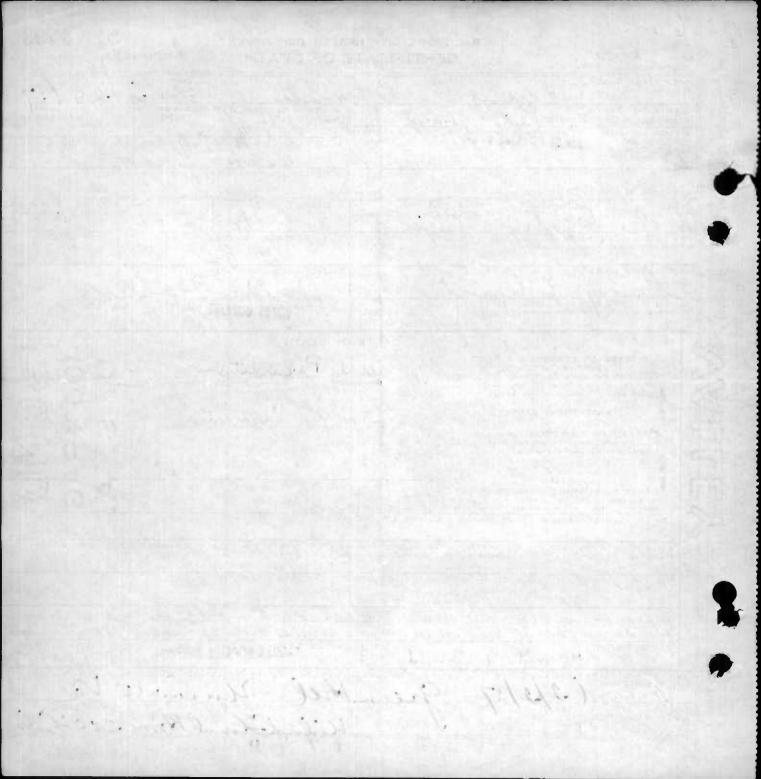
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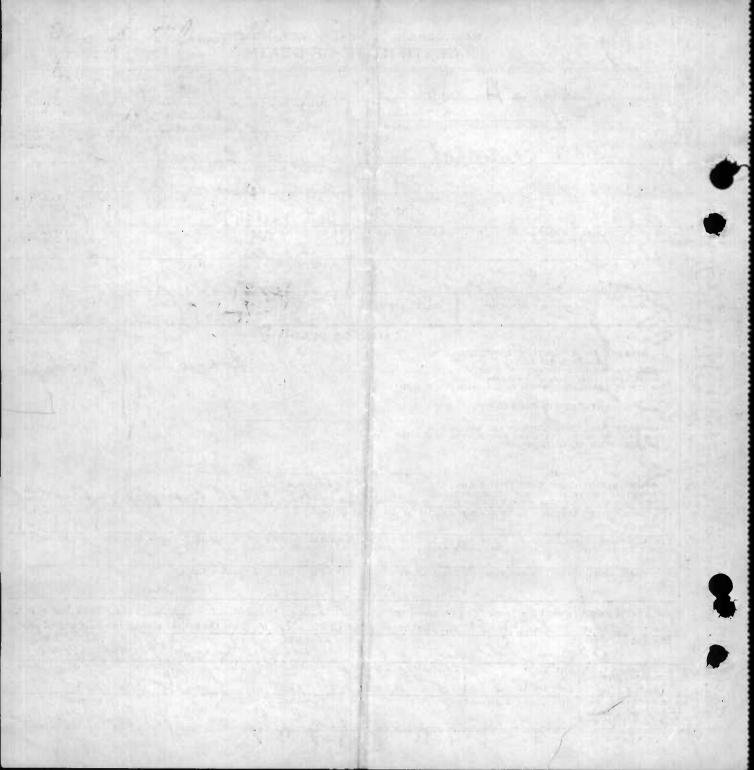
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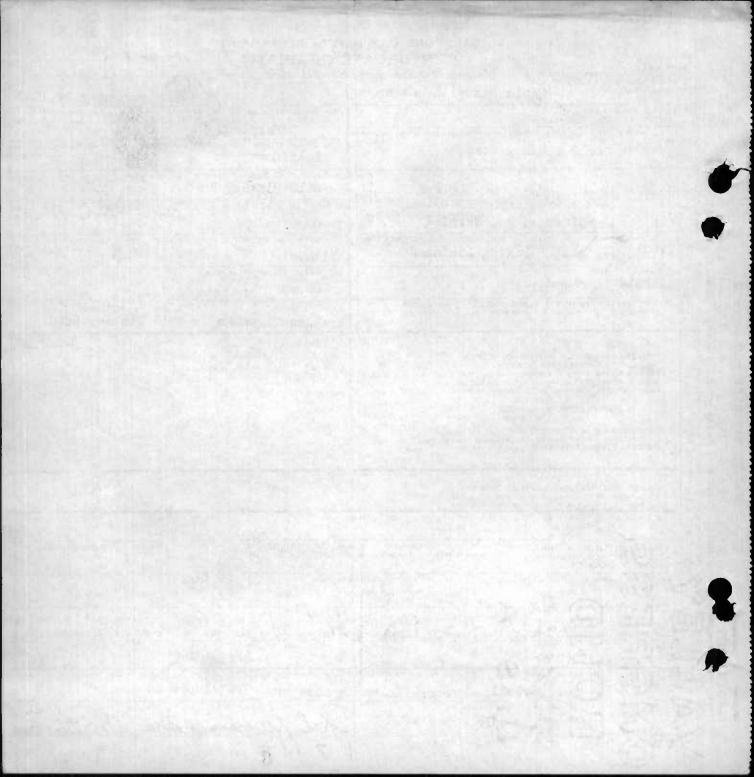
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BALTIMORE CITY HEALTH DEPARTMENT

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| BIRTH NO. | | | | | OF DEATH | | | ered No_ | | |
|-------------------------------|-----------------------------------------------------------------------------|------------------------------|--------------------------------------|----------------------|----------------------------------|---------------------|---------|--------------|-----------|---------------------|
| 1. NAME OF (Type or Print) | Davi | d Samuel | Lansman | | | 2. DAT OF DEA | | Februa | ry 24 | ,195 |
| 3. PLACE OF | City, Maryland | | | | 4. USUAL RESIDENCE | | ased li | | | esidence admissi |
| B. FULL NAME | | tal or institution | n, give street add | | Maryle | and | COUN | 111 | perore | aumissi |
| HOSPITAL OR INSTITUTION | 3215 Pinkne | | | | Baltimore | (If outside co | rpora | te limits, w | rite RURA | AL and p |
| c. Length of | stay in Baltimore | 33 | Yrs | Yrs. Mos. Days | o. street address 3215 Pinkne | | e locat | ion) | | - 29 |
| 5.sex Male | 6. COLOR OR RACE | 7. SINGLE. WIDOWE Mari | MARRIED. D. DIVORCED | (Specify) | Oct. 10, | 9. AGE last t | | ars If Under | Days H | Under 24 H |
| OA. USUAL O | CCUPATION (Give kind of of working life, eyen if retired) Merchant Ba | ios. KIND king Bus | of Business iness ^{INDU} | OR 1 | 1. BIRTHPLACE (State | | ntry) | 12. | CITIZEN | OUNTE |
| 3. FATHER'S | | | | | Sarah ? | N NAME | | | (E) 15 | |
| | ED EVER IN U. S. ARME | D FORCES 1 | 16 606141 | | D C12 C44 | | | | | |
| Yes, no or unknown | (If yes, give war nr date | s of service) | 16. SOCIAL SECURITY | NO. | 7. INFORMANT | 776 | 77 6 | ADDR | | 2 |
| 1 | | | | IV. | irs Anna Lansi | uan oa | 319 | Pinkne | INTERVAL | |
| Z O DISEASI RISE TO | ANTECEDENT CAUSES OR CONDITIONS, INTHE ABOVE CAUSE (A) | SES F ANY, GIVING | (B) | | nocern | ~> | | | | |
| I TRIBUTIN | SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION | NOT RELATED | | | | | | | | |
| 19A. DATE | OF OPERATION D | 9B. MAJOR | FINDINGS OF | OPERA" | TION | | | | 20. AU | TOPSY |
| 21A. ACCI | DENT WAS UNDER- OR CONTRIBUTING DEATH | 218. PLAC about bame, far | E OF INJURY m,factory,street,off | (e.g., in o | 21c. WHERE DID NJURY OCCUR? | (If in Balt | imore | City, give | | |
| 21D. TIME OF INJURY | (Month) (Day) (Year) | wi | | CURRED WHILE | 21F. HOW DID IN | JURY OCCUR | ? | | | |
| | by certify that I att | tended the d | eceased from | 1 | 944 19 , to | | <u></u> | 195/, th | at I las | t saw |
| | dive on VIV3 | _, 19 α | | | ed at 75 ff m., fro | | s and | on the d | ate stat | ed abo |
| 234. \$IGNA | MBK unin | | M | D. 238 | 3 NO Cus | sword | | 2: | 3C. DATE | SIGNE 4/S |
| 24A. BURIAL. TION REMOVAL | CREMA- Specify) Feb, 25,1 | | | | Cemetery I | Baltimore | | , town, or c | ounty) | (Stat |
| DATE RECEIV | D BY REGISTRAR | SSIGNATUE | = | | 5. FUNERAL DIRECT | OR | 2 | AD | DRESS | 1/26 u au |
| LOCAL REGIS | Thereigh | stor / | CHE WHAT IND | | AM. WILLIAM | son+ k | Sus | 1 | (HT) | |



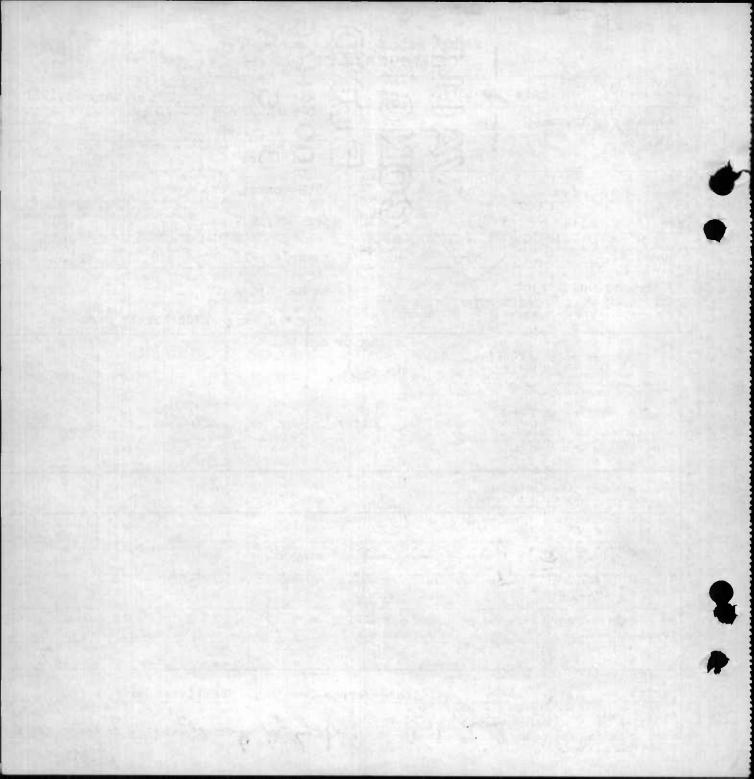
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BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1801 Registered No.

| 1. NAME OF D (Type or Print) | Rosie | Goldberg | | of February 24,1951 |
|--------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|
| 3. PLACE OF D | EATH: City, Maryland | | 4. USUAL RESIDENCE (W | here deceased lived. If institution: residence B. COUNTY before admission |
| B. FULL NAME | | al or institution, give street address or | 11 12 7 7 7 | B. COOM Defore admission |
| HOSPITAL OR INSTITUTION | 3708 Fore | st Park Ave | c. CITY OR TOWN (If a Baltimore | outside corporate limits, write RURAL and give township |
| | tay in Baltimore | 60 Yrs Yrs. Mos. Days | o. street Address (If r 3708 Forest Par | |
| 5. SEX Female | 6.COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WICOW | April 24,1867 | 9. AGE (In years last birthday) Months Days Hours Min. |
| OA. USUAL OC ork done during most HOUSE W. | CUPATION (Give kind of of working life, even if retired) I E | Own home INDUSTRY | 11. BIRTHPLACE (State or for Austria | reign country) 12. CITIZEN OF WHAT COUNTRY USA. |
| 13. FATHER'S | | | 14. MOTHER'S MAIDEN NA | |
| | am Goldberger | | Esther Riceman | |
| 15. WAS DECEAS Yes, nn nr unknown) | ED EVER IN U. S. ARMEI (If yes, give war or date | D FORCES? I6. SOCIAL SECURITY NO. | 17. INFORMANT Ray Goldberg | 3708 Forest Park Ave |
| 18. WW | 2 X | CAUSE | OF DEATH | INTERVAL BETWEEN |
| DISEAS | SE OR CONDITION | DIRECTLY | | ONSET AND DEATH |
| (This does | not mean the mode of | of dying, e.g., (A) the | rul Thember | is Judde |
| heart failu injury or | re, asthenia, etc. It mea complication which of | ns the disease, caused death.) DUE TO | | |
| - | ANTECEDENT CAUS | - | 0 | // |
| z | | (B) | Ex. Sclowlec (as | du-Varculas |
| RISE TO T | S OR CONDITIONS, 1 HE ABOVE CAUSE (A) | STATING THE DUE TO | Penal De | reare |
| UNDERL' | TING CONDITION LA | AST. | | |
| <u> </u> | | | | |
| TRIBUTING | IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION | NOT RELATED | | |
| 19A. DATE C | | 9B. MAJOR FINDINGS OF OPER | ATION | 20. AUTOPSY? |
| 21: ASSIS | ENT WAS UNDER- | 21B. PLACE OF INJURY (e.g., i | | YES NO VE |
| LYING OF | R CONTRIBUTING DEATH | about hume, farm, factory, street, uffice bldg., | etc.) INJURY OCCUR? | |
| OF INJURY | (Month) (Day) (Year) | | ED 21F. HOW DID INJURY | OCCUR? |
| | | m. WHILE AT NOT WHILE | | |
| 22. I hereb | y certify that I att | tended the deceased from | 2/20 150/to 2 | 129, 1951, that I last saw th |
| deccased a | | 4, 195/4, and that death occur | red at & Pm., from th | ic causes and on the date stated above |
| 23A. SIGNA | Joseph A | S. Dhum M.O. | 1/12 h. Cal | wer or 23c. DATE SIGNED |
| 24A. BURIAL, | DREMA- 248. DATE | 24c. NAME OF CEMETE | RY OR CREMATORY 24D. LO | OCATION (City, town, or county) / (State) |
| Burial | Feb, 25, | DOT OTWOLD INC. | orew Cemetery Ba | ltimore Md |
| DATE RECEIVE | | S SIGNATURE | 25. FUNERAL DIRECTOR | ADDRESS /126 W |
| FEB 2519 | 5) Kmm | - ration of my aut the | Sol Lucison | 18 Brus North and |
| VS 150 | 6 1 ⁻¹ | | 70199 | |
| | | | | 131a |

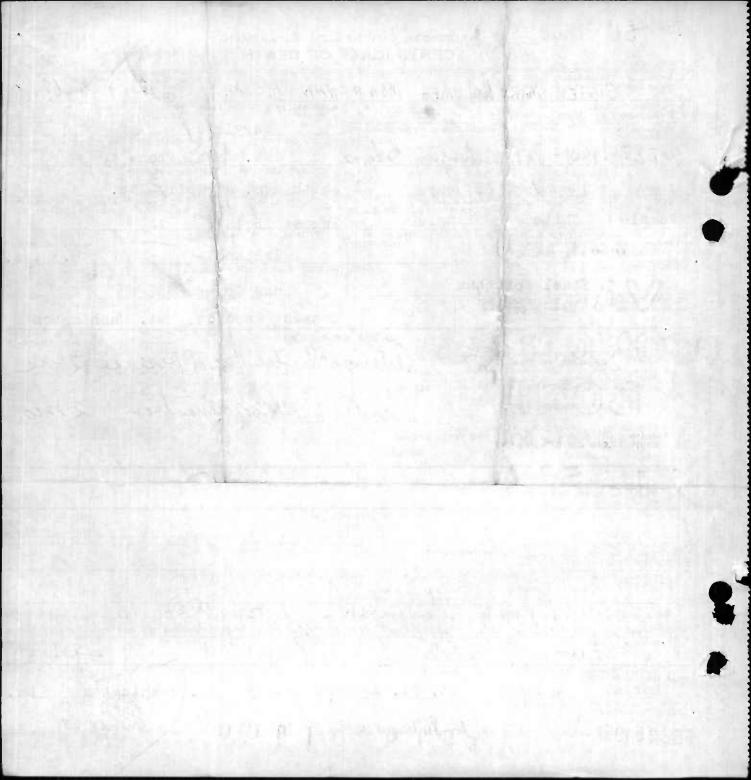


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| BIRTH NO. | |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1802

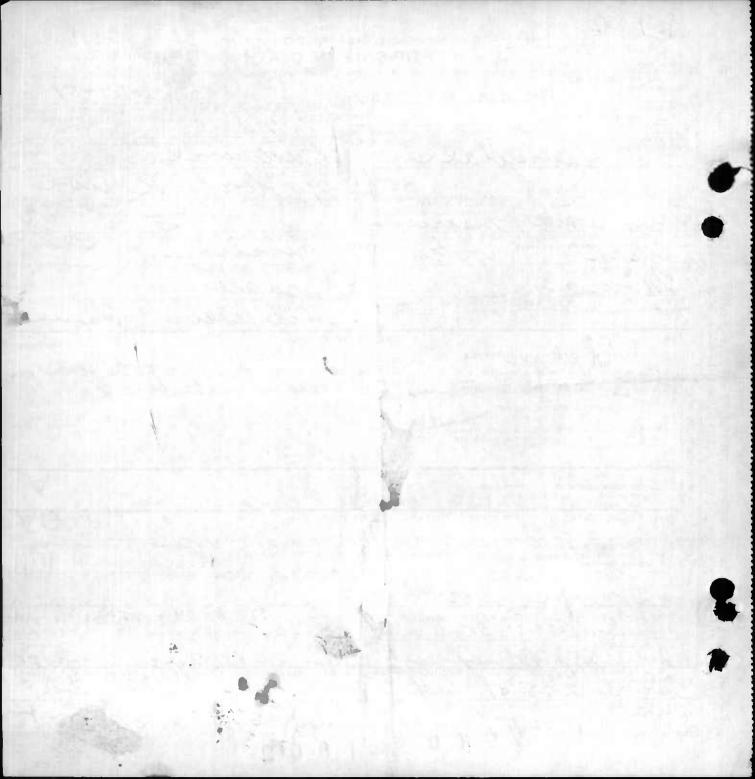
| | BIRTH NO. | | | | | | | | |
|---|--------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| | 1. (T) | NAME OF DECEASED VDE OF Print) SISTER MARY COLUMBA MONA | GHAN, R.S.M. 2. DATE 247eb (951. | | | | | | |
| | | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution : residence | | | | | | |
| | B. 1 | FULL NAME OF (If not in hospital or institution, give street address or | Maryland | | | | | | |
| | HO | OSPITAL OR STITUTION () () () () () () () () () (| township) | | | | | | |
| | 1 | MISI a gras - MI. Washington - Ixelina | Mt. Washington | | | | | | |
| | 1 | Yrs. Mos. | D. STREET ADDRESS (If rural, give location) | | | | | | |
| , | _ | Length of stay in Baltimore 60 years Days SEX 6.COLOR OF RACE 7. SINGLE, MARRIED, | | | | | | | |
| |] | Female White Single | 8. DATE OF BIRTH 9. AGE (In years of Under 1 Year last birthday) Months: Days Hours Min. August 15. 1875 75 | | | | | | |
| | 10 | A. USUAL OCCUPATION (Givekinder) 108 KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | | | | | | |
| | | Religious | Ireland U. S. A. | | | | | | |
| | 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | |
| | | . Michael Monaghan | Anne Grimes | | | | | | |
| 3 | 15. (Yes, | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL , no or unknown) (If yes, give war nr dates nf service) SECURITY NO. | 17. INFORMANT ADDRESS | | | | | | |
| | _ | | Convent Records, Mt. Washington | | | | | | |
| | | | OF DEATH | | | | | | |
| | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., | Oscleratic Neart Assessed 240 | | | | | | |
| | | heart failure, asthenia, etc. It means the disease, | | | | | | | |
| | | injury or complication which caused death.) DUE TO | eac secongeniation 2 mo | | | | | | |
| | 7 | ANTECEDENT CAUSES | lac siconfluxation 2 mo | | | | | | |
| | 2 | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | | | | | | | |
| | A | UNDERLYING CONDITION LAST. (C) | | | | | | | |
| | RTIFICATION | | | | | | | | |
| | | OTHER SIGNIFICANT CONDITIONS CON- | | | | | | | |
| | 8 | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | | | |
| | ادِ | 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER | | | | | | | |
| | CA | 21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., i | in nr 21C. WHERE DID (If in Baltimore City, give exact location) | | | | | | |
| | MEDI | LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg | etc.) INJURY OCCUR? | | | | | | |
| | | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY | | | | | | | |
| | | m. WHILE AT NOT WHILE AT NOT WHILE | | | | | | | |
| | | 22. I hereby certify that I attended the deceased from | | | | | | | |
| | - | deceased aliverent ly 23, 1951, and that death occur | | | | | | | |
| | | J. Zhwy Muller | 238. ADDRESS 23C. DATE SIGNED 2X716 51 | | | | | | |
| 0 | 24 | A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE N, REMOVAL (Specify) | ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) | | | | | | |
| | 110 | Burial 2/26/51 Mt. St. Agn | es Cemetery Mt. Washington Md. | | | | | | |
| | | TE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR 805 ADDRESS | | | | | | |
| | | macraca to Williams 16 | F. W. Megistson Calvert St. | | | | | | |
| | FE | PX 321 | 11 11 0 0 | | | | | | |
| | | | 9 % 1) | | | | | | |



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. LORA DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF MARYLANG (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township BROOKFIELD BALTIMORE p. STREET ADDRESS (If rural, give location) Yrs. Mos. BROOK PIELT 2256 c. Length of stay in Baltimore Davs last birthday)

Months: Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH AGE (In years) FEMALE WHITE MARRIED 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? HOME HOUSE WIFE U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BENJAMIN KNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY ND SAME MILDRED MARMER INTERVAL BETWEEN 18. CAUSE OF DEATH 201 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ddan (This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. н ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL important. NO 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT. SUICIDE. INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK , 3/J/, 19 , that I last saw the 22. I hereby certify that I attended the deceased from. 1/10 , 1951, and that death occurred at 1/2 deceased alive on_ m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) BETH BURIAL TFILON DATE RECEIVED BY 25. FUNERAL DIRECTOR VS 150

23VO Garages



| 5. | 53 | 0 |
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| | 51. | 1.805 |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1.805 Registered No...

| BIF | RTH NO. | | | | |
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| (Ту | | nor Euken S | | 2. DATE OF DEATH | 1231951 |
| A.] | PLACE OF DEATH: Baltimore City, Maryland 4 | | 4. USUAL RESIDENCE () | Where deceased lived. If B. COUNTY | institution: residence before admission) |
| | FULL NAME OF (If not in hospital SFITAL OR | al or institution, give street address of location | | f 1:4 1::4 | s, write RURAL and give |
| INS | STITUTION | | C. CITY OR TOWN | outside corporate iimit | s, write KURAL and give |
| . 17 | 406/100 | od Cawn Rd | Jun | rore z | 1-14 |
| С. | Length of stay in Baltimore 5 | -3 Years Yrs. Mos. Day | 1601 Man | rural, give location) | RL |
| 5. 9 | SEX 6. COLOR DE RACE | 7. SINGLE, MARRIED. | I 8. DATE OF BIRTH | 9. AGE (In years | Under 1 Year If Under 24 Hours |
| | J W | WIDOWED, DIVORCED (Specif | march 26-1874 | last birviday) 1110 | nths Days Hours Min. |
| 10/ | A. USUAL OCCUPATION (Give kind of | | 11. BIRTHPLACE (State or f | oreign country) | 12. CITIZEN OF |
| work | done during most of working life, even if retired) | A INDUSTR | Richmond | 200 | WHATCOUNTRY |
| 12 | FATHER'S NAME | own home | | | 0,0,7 |
| 13. | 011 | | 14. MOTHER'S MAIDEN N | | |
| | Charles E. | Euker | Augusta | Kracke | |
| 15. | WAS DECEASED EVER IN U.S. ARMED | FORCES? 16. SOCIAL | 17. INFORMANT | A | DDRESS , KL St. M.L |
| (x ca, | 110 | SECURITY NO. | Beverly M | 1. Smith Jr. | 1613-17- 37., |
| T | 10 1000 | CALICE | | , , , | INTERVAL BETWEEN |
| | 18. 298.0 | | OF DEATH | | DNSET AND DEATH |
| | DISEASE OR CONDITION LEADING TO DEAT | DIRECTLY | to Min and Yanke | Truble: live | n rup to |
| | (This does not mean the mode of | of dying, e.g., (A) | i wasse vy po | anjunc with | 2 /12 - |
| | heart failure, asthenia, etc. It mea injury or complication which of | ns the disease, aused death.) DUE TO | and the state of t | | / |
| | ANTECEDENT CAUS | 110 | 0 0 | 1 1 . 1 1 | 10.1 |
| Z | ANTECEDENT CAUS | blen | omegly - Kenyra | of Apleon | 1945- |
| 0 | DISEASES OR CONDITIONS, | | | 0 | |
| TA | UNDERLYING CONDITION LA | STATING THE DUE TO | | | |
| Ü | | d | | | 75 |
| L. | n e | (c) can | unpurun | - | |
| 2 | OTHER SIGNIFICANT CONDI | TIONS CON- | | | |
| CE | TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION | NDT RELATEO | | | |
| | The second secon | 98. MAJOR FINDINGS OF OPE | RATION | | 20. AUTOPSY? |
| AL | 0 | Alomen RESULT | | | YES ND |
| 2 - | 21A. ACCIDENT. SUICIDE, | 218. PLACE OF INJURY (e. g. | | lf in Baltimore City, | |
| | HOMICIDE (Specify) | about home, farm, factory, street, office bld; | | | |
| Σ. | | (H) Lote IN INPV COUR | DED ALL HOW DID IN INC. | V OCCUPA | |
| | 210. TIME (Month) (Day) (Year) OF INJURY | | | 1 OCCUR1 | |
| | | m. WHILE AT NOT WHILE | | 1 | |
| 1 | 22. I hereby certify that I att | ended the deceased from | 944 . 19 . to 2 | -/23 1957 | , that I last saw the |
| 8 | deceased alive on 2/23 | | urred at 10 P.m., from | / | · |
| 1 | 23A. SIGNATURE | , 100 . and that death bec | 23B. ADDRESS | A l | 23c/DATE/SIGNED |
| | No arry 10. mc | Coarty | 37. W. Preston | A | 2/24/195/ |
| 24 | A BURIAL CREMAN 248 DATE | O TO O TO THE DE T | | OCATION (City, town, | or county) (State) |
| TIO | N REMOVAL (Specify) | 1 | RID | ./ 11 | 2 / |
| | nureal FEt 26 | 151 Dand | Mage Va | Riville | ma |
| | TE RECEIVED BY REGISTRAR | S SIGNATURE | 25. FUNERAL DIRECTOR | . / | ADDRESS |
| 2 | 5 1951 | · 1000 16643 | Herene VIV Ench | not Sme Pos | Lons Unloss |
| - de la | VS 150 | Walter Hilliagus (160) | 1 Planting | and provide a | - Just Color |
| | V5 15U | A PARTY OF THE PAR | | Ph. | The second secon |

Mr. milasty 37 M. Treston

1806

Registered No.

Fob 24

4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission)

(If outside corporate limits, write RURAL and give

township)

(If rural give location)

ff Under 1 Year AGE (in years) last birthday) Months: Days Hours: Min.

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND OEATH

(If in Baltimore City, give exact location)

deceased alive on face 23, 1951, and that death occurred at 530Am., from the eauses and on the date stated above.

23c. DATE SIGNED FBZX JI

24D. LOCATION (City, town, or county)

ADDRESS A

20. AUTOPSY

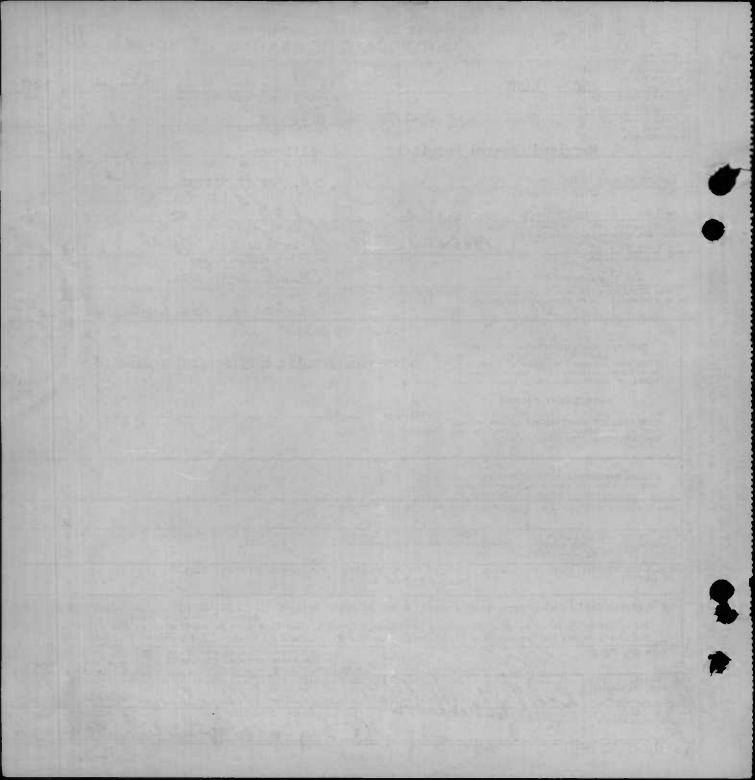
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| 7-5 RTH NO. | 20 | 1.80 |
|----------------|---------|-----------|
| NAME Of | nt) | sed EO |
| PLACE O | F DEATH | : . |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1807

| | NAME OF DECEASED Type or Print) | 2. DATE OF |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | LEO LAND | DEATH February 22, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution: residence |
| A | Baltimore City, Maryland | A. STATE B. COUNTY before admission) |
| H | FULL NAME OF 't' not in hospital or institution, give street address or OSPITAL OR location) | |
| 11 | NSTITUTION Mammand Conord Hagnital | township) |
| - | Maryland General Hospital Yrs. | Baltimore D. STREET ADDRESS (If rural, give location) |
| C | Length of stay in Baltimore Mos. Days | 5 N. Exeter Street |
| | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. | 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours |
| | male male WIDOWED, DIVORCED (Specify) | |
| 10 | DA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| | k doue during most of working life, even if retired) | Grookless h 4 VISTINTRY |
| 13 | B. FATHER'S NAME | 14. MOTHER'S MAJOEN NAME |
| | Hulmonn | Clerkums. |
| | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL 16. SOCIAL 17. SECURITY NO. | 17) INFORMANTO (1) AUDRESS Grooldene |
| | Tes. Ist W. W. | leter Joing. 132 leveland of. How tolk |
| | (b. 422) CAUSE | OF DEATH INTERVAL PETWEEN |
| | DISEASE OR CONDITION DIRECTLY | UNSET AND DEATH |
| | (This does not mean the mode of dying, e.g., (A) Arterio | sclerotic cardiovascular disease |
| | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | |
| | ANTECEDENT CAUSES | |
| 7 | DISEASES OF CONDITIONS IT ANY CONTROL (B) | |
| TION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. | |
| A. | (C) | |
| RTIFICA | 11 | |
| RT | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED | |
| S | TO THE DISEASE OR CONDITION CAUSING IT. | RATION 20. AUTOPSY? |
| | 138. MAJOR TROPINGS OF OFER | YES X NO |
| N S | 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., i | u or 21c. WHERE DID (If in Baltimore City, give exact location) |
| EDI | UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., UTING CAUSE OF DEATH. | etc.) INJURY OCCUR? |
| Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR | ED 21F. HOW DID INJURY OCCUR? |
| | OF INJURY WHILE AT NOT WHILE AT WORK AT WORK | |
| | 22. I certify that I took charge of the remains described of | bove, held anautopsy thereon and from |
| | | Autopsy, Inspection or Inquiry |
| | and death in my opinion resulted from: natural eauses | Inquiry, find that said deceased died on the day stated above \mathbf{x} , accident \square , suicide \square , homicide \square , undetermined \square . |
| | 23A. SIGNATURE | 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED |
| | | .D. MEDICAL INVESTIGATOR Feb. 22, 1951 |
| TI | MA. BURIAL, CREMA- 24B. DATE 24C. NAME OF COMETE | RY OF CREMATORY 240, LOCATION (City, town, of county) (State) |
| 145 | Jurior 4-4/3 With Jupile | o lewelvey inclusion year. Joek. |
| | ATE RECEIVED BY REGISTRAR'S CONTROL OF THE PROPERTY OF THE PRO | 25. FUNERAL DIRECTOR |
| - | CONCENS OF THE | Dearling Machaushay 03 ME/ Kellseph |
| V | S 151ED 20 1951 | R Go Both 30- WW |
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|-------------------------------------------------|
| BIRTH NO. |
| I. NAME OF DECEASED (Type or Print) |
| 3. PLACE OF DEATH: A. Baltimore City, Maryl |
| B. FULL NAME OF (If not HOSPITAL OR INSTITUTION |
| c. Length of stay in Balti |

BALTIMORE CITY HEALTH DEPARTMENT

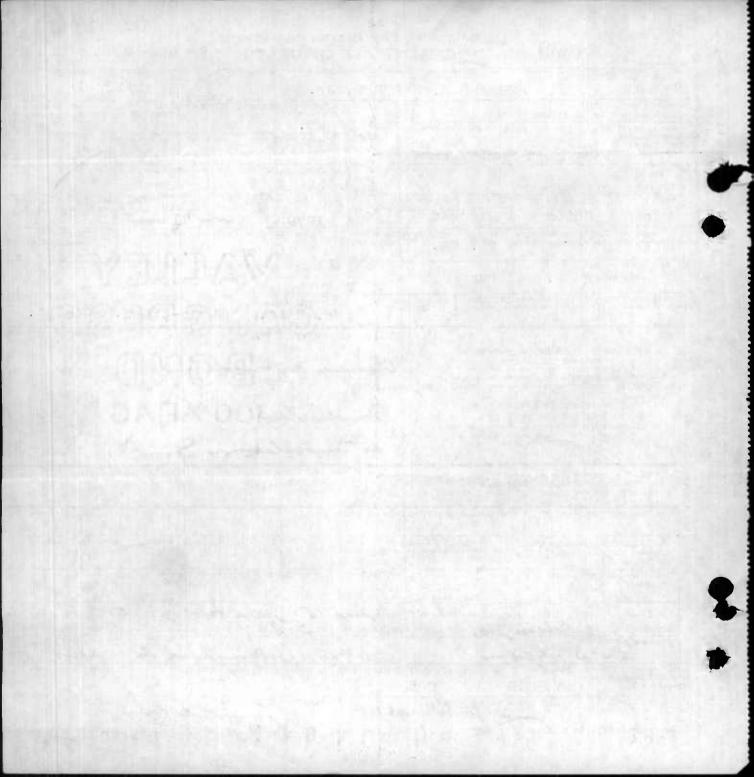
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| B | RTH NO. CERTIFICAT | E OF DEATH | Registered No | |
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| 1. | NAME OF DECEASED ype or Print) annie E. Frantigein | | 2. DATE 4 | - a sationi |
| A. | Baltimore City, Maryland 402. S. Newkenk tt | A. STATE | (Where deceased lived, If in | stitution: residence before admission |
| H | FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION A | | (If outside corporate limits, | write RURAL and give township |
| c. | Length of stay in Baltimore Lile Mos. Days | D. STREET ADDRESS | (If rury), give location) | |
| 540 | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years II Un last birthday) Mont | hs Days Hours Min. |
| 1C wor | A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State o | r foreign country) 1: | 2. CITIZEN OF WHAT COUNTRY |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN | 0 0 | |
| 15 (Ye | . WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT | | DRESS |
| | | OF DEATH | 3 40 412.102 | INTERVAL BETWEEN |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | oronay Em | bolis m | 3 days |
| Z | ANTECEDENT CAUSES | rtero-Scle | win | 15 quas |
| CATIC | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | les pertension | | don't know |
| ERTIF | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED | 7 | | |
| S | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDING | PATION | | 20. AUTOPSY? |
| AL | 198. MAJOR FINDINGS OF OPER | KATION | | YES NO |
| MEDIC | 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., | in or 21c. WHERE DID etc.) INJURY OCCUR? | (If in Baltimore City, giv | e exact location) |
| 2 | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK | | JRY OCCUR? | |
| | 22. I hereby certify that I attended the deceased from N | ov 10, 1950, to | 788 22, 1951, | that I last saw th |
| | deceased alive on Feb 22, 19 51, and that death occur | rred at 11 Pm., from | | date stated above |
| | 23A. SIGNATURE . Ja eves | 1010 hore | L Point Ry | 23c. DATE SIGNED 2/2/57 |
| 2. TL | SA. BURIAL, CREMA- 248 DATE 24C, NAME OF CEMETE | RY OR CREMATORY 24D | LOCATION (City, town, or | r county) (State) |
| | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTO | R | ADDRESS |
| - | VS 150 1951 To Heliament | des to legante | 1201-03. W. Cab | to ank Une |
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| | LY, WITH UNFADING INK. Every item of information shald be fully supplied. The | |
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| MARGIN RESERVED FOR BINDING | SITE IV, WITH UNFADING INK. Every item of information shald be fully; especial, important. Physicians: please write the causes of death clear, and leady. | |
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| | 7-7 6 | |

N 43 51 1809 BALTIMORE CITY HEALTH DEPARTMENT 1809 CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF BERNARD W. WALTRUP, Jr. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore 1304 Cold Spring Lane Yrs. D. STREET ADDRESS (If rural, give location) Mos. 20th Street 520 East c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years | If Under I Year last birthday) Months: Days Hours: Min. White Male 1879 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bernard W. Waltrup IInknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. Chas. Waltrup-520 E. 20th St. INTERVAL BETWEEN 422.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES NO 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 13_, 1957, that I last saw the 22. I hereby certify that I attended the deceased from. 195% to Yes deceased alive on 105, and that deat becurred at 5 -A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24/ 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) (State) City 26/ Cathedral Cem Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE! 25. FUNERAL ADDRESS LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. OF Cummings. Alfred Smith DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution | residence A. Baltimore City, Maryland US Marine Hospital before admission) B. COUNTY (If not in hospital or institution, give street address or US Marine Hospital location) B. FULL NAME OF Tilchman, Maryland
c. City on Town (Iroutside corporate limits, write RURAL and give HOSPITAL OR INSTITUTION Baltimore, Md Tilghman Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Nov. 6,1894 married IOA. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s seaman Captain Maryland seaman- Seafarer US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Cummings Florence Jennings 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) ADDRESS SECURITY NO. causes Yes World War 1 CAUSE OF DEATH INTERVAL BETWEEN 200.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lobar pneumonia; left lower -- few days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. DUE TO lobe; Lymphosarcoma , generalized injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. L OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION mportant, DICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from. , 19__, that I last saw the deceased alive on_ . 19 and that death occurred at_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county (State) TION, REMOVAL (Specify) Duniel DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

RESERVED

A PART AND A PART A TAKE Lange City THE PROPERTY OF THE PARTY OF THE STATE ASSETS THE legal with the state of the sta

ully supplied. UNFADING INK. Every item of information shord be Physicians: please write the causes of death clear and le MARGIN RESERVED FOR BINDING LY, WITH PLEASE TITE a

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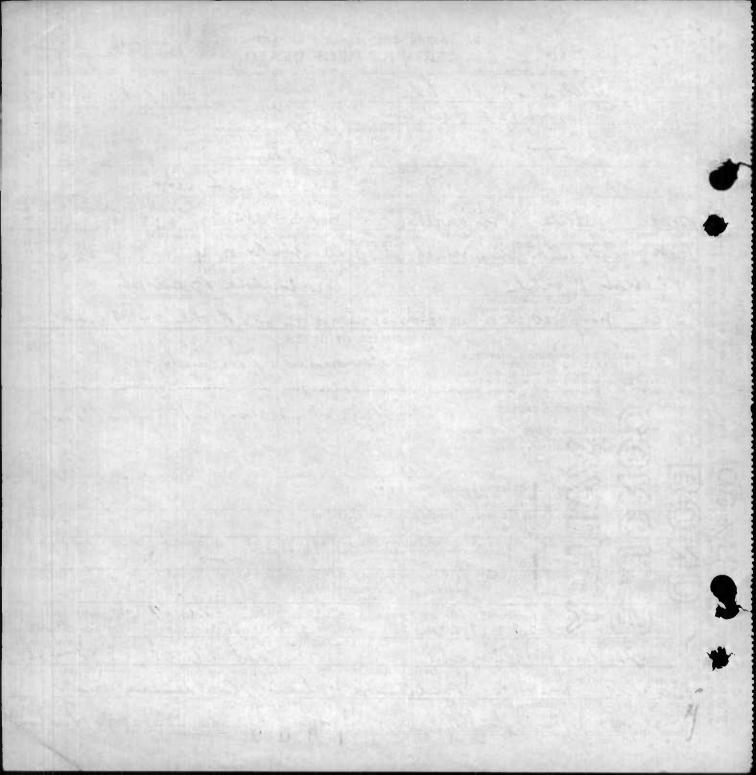
BIRTH NO.

51. 1811

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1811

| (7 | NAME OF DECEASED . Speed . Trefil | 2. DATE OF J.A. 2.2 | 16~1 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------|
| | PLACE OF DEATH: Baltimore City, Maryland 2434 Fail ave | 4. USUAL RESIDENCE (Where deceased lived, If instituting STATE B. COUNTY | on : residence efore admission) |
| | FULL NAME OF (If not in hospital or institution, give street address or | Maryland | |
| | OSPITAL OR Iocation | C. CITY OR TOWN (If outside corpora e limits writed | |
| | A z losses and a second | Baltimore 1-0 | township) |
| - | - Yrs. | D. STREET ADDRESS (If rural, give location) | |
| - | Length of stay in Baltimore Mos. Days | 2434 fait are | |
| 5 | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE (In year: Under Year Iast birthday) Months: Da | |
| | nale White married | nov. 3-1885 65 | J13 AAOUTS AUTH |
| | DA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12 CIT | IZEN OF |
| WOD | idoogduring most of working life, even if retired) (INDUSTRY | | AT COUNTRY? |
| | er. Machinish Deg. Mach. Shop | rangface 11.4. | .0. |
| | FATHER'S NAME | 4. MOTHER'S MAIDEN NAME | |
| | 1 sech 1 rehl | matheda Bearch | |
| 15 | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL | 17. INFORMANT ADDRESS | |
| (10 | M, no or unknown) (If yes, give war or dates of service) SECURITY NO. 272-05-0270 |) W | |
| - | | live- | |
| | 18. 470, 1 CAUSE | | ERVAL BETWEEN |
| | DISEASE OR CONDITION DIRECTLY | in a H | - |
| | (This does not mean the mode of dying, e.g., (A) | orions / henomborn | |
| | heart failure, asthenia, etc. It means the disease, | | |
| | injury or complication which caused death.) DUE TO | -/ | |
| | ANTECEDENT CAUSES | The Condition of the | |
| Z | DISEASES OR CONDITIONS, IF ANY, GIVING | us and account for | 44 |
| F | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | | |
| X | UNDERLYING CONDITION LAST. | | |
| F | (C) | | |
| F | | | |
| HH H | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED | | |
| U | TO THE DISEASE OR CONDITION CAUSING IT. | | |
| L | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | | AUTOPSY? |
| U Y | | YE | |
| EDIC | 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e | p or 21C. WHERE DID (If in Baltimore City, give exa | et location) |
| ME | | | |
| 2 | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI | ED 21F. HOW DID INJURY OCCUR? | |
| | OF INJURY WHILE AT NOT WHILE | | |
| 1 | m. WORK AT WORK | | |
| 1 | I the confidence of the contract of the december of the | 19 1, to fact 27, 19 1, that | I last saw the |
| | deceased afive on 26, 1917, and that death occur | rred at 9 1512 m., from the causes and on the date | stated above. |
| | 23A. SIGNATURE , 2 | 38. ADDRESS (23c. | DATE SIGNED |
| | Melin Jamortu M.D. | 27/1 Carter (lul.) | 24/51 |
| 2 | 4A. BURIAL, CREMA- 248, DATE 24C. NAME OF CEMETE | RY OR CREMATORY 240. LOCATION (City, town, or coun | y) (State) |
| 11 / | ON, REMOVAL (Specify) | national Baltimore m | |
| | 71/11/11 17-17-1951 17001/ | | × - |
| | Surcel 2-27-1951 Baltimore | | K - |
| D | ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR ADDR | ESS / N |
| D | ATE RECEIVED BY REGISTRAR'S SIGNATURE | | tuolson |
| D | ATE RECEIVED BY REGISTRAR'S SIGNATURE | | tuolem |





| 1435 | | | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 51. 1.813 | | | EALTH DEPARTMENT | 51. 1813 tered No |
| BIRTH NO. | Cl | ERTIFICATI | E OF DEATH Regis | tered No. |
| 1. NAME OF DECEAS (Type or Print) | 12 aby / | ril ! | 1 alder 2. DATE OF DEATH | Feb 24,1951 |
| a. Baltimore City, | Maryland Wars nurli | S HUSPITAL | 4. USUAL RESIDENCE (Where deceased a. STATE B. COU | |
| B. FULL NAME OF HOSPITAL OR | (If not in hospital or institution, | give street address or location) | The state of the s | afe limits, write RURAL and giv |
| INSTITUTION | | | Havre de | Drage township |
| | | Yrs. Mos. | o. STREET ADDRESS (If yoral, give local | ition) |
| c. Length of stay in | | Days | 5/2 deve | s M- |
| Ferrale Co | olared Ch | DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE (In last birth | years |
| 10A. USUAL OCCUPA work done during most of working | TION (Give kind of 10B. KIND OF life, even if retired) | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| 13. FATHER'S NAME | 1/200 | | 14. MOTHER'S MAIDEN NAME | 4_ |
| Jeon | v Hold | en | - Kulh Coar | lei |
| (Yes, no or unknown) (If 3 | R IN U. S. ARMED FORCES? 16 | SECURITY NO. | 17. INFORMANT | ADDRESS |
| 18. 768.0 | | CALISE | OF DEATH | INTERVAL BETWEE |
| heart failure, ast injury or complete ANTE DISEASES OR GRISE TO THE AB | nean the mode of dying, e.g., henia, etc. It means the disease, lication which caused death.) CEDENT CAUSES CONDITIONS, IF ANY, GIVING THE CONDITION LAST. | (A) | | |
| E I | | (C) | | |
| 田 TRIBUTING TO T | FICANT CONDITIONS CON- | | | |
| 19A. DATE OF OPI | ERATION 198, MAJOR FI | NDINGS OF OPER | RATION | 20. AUTOPSY? |
| 4 | | | | YES NO |
| 21A. ACCIDENT. S HOMICIDE (Spe | | OF INJURY (e. g., i factory, street, office bldg., | n or 21c. WHERE DID (If in Baltimor | e City, give exact location) |
| 21D. TIME (Month OF INJURY | | . INJURY OCCURR | ED 21F, HOW DID INJURY OCCUR? | |
| | | RK AT WORK | | |
| 22. I hereby eer | m. wo | RK AT WORK | 24 - , 195/, to 2 - 24 - | , 195/, that I last saw th |
| deceased alive of | m. wo | ceased from 2 - | 14 - , 1951, to 2 - 24 - rred at 3:40 m., from the causes ar | |
| | m. wo | ceased from 2 - | rred at 3:40 km., from the causes ar | |
| deceased alive of 23A. SIGNATURE | tify that I attended the decent in 2 - 2 + 19 - 1, and the last in 1248. | ceased from 2 - I that death occur Let M. O. | rred at 3:40 km., from the causes and 138. ADDRESS AUTKIES KUSPITED | nd on the date stated above |
| deceased alive or | tify that I attended the decent in 2 - 2 + 19 - 1, and the last in 1248. | ceased from 2 - I that death occur Let M. O. | rred at 3:40 km., from the causes and 3B. ADDRESS AUTIES A | nd on the date stated above 23c. DATE SIGNED 2-24-57 |
| deceased alive of 23A. SIGNATURE 24A. BURIAL, CREMA TION, REMOVAL (Specify | tify that I attended the dec | ceased from 2 - I that death occur Let M. O. | rred at 3:40 km., from the causes an 23B. ADDRESS AUTLIS KUSPITE) | 23c. DATE SIGNED 2-2-4-5-1 ty, town, or county) (State) |

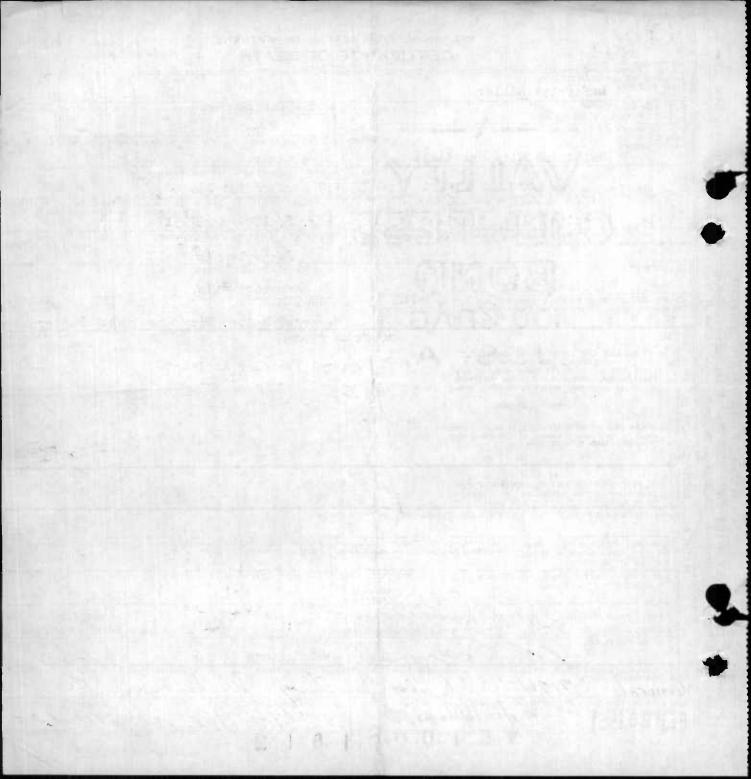
HISKING NAPON Kenny my reach MARGIN RESERVED FOR BINDING

| 16-4 | 16207 |
|-------------|-------|
| 51 BIRTH | 1814 |

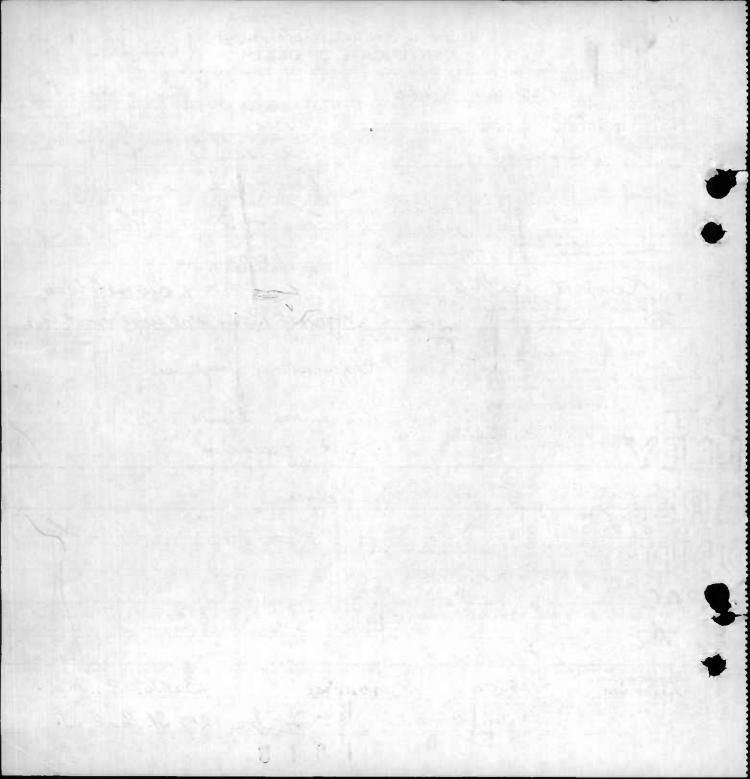
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1814 Registered No.

| 1. (T | NAME OF D ype or Print) | ECEASED Lafayette Ki | hler | | | 2. DATE OF 0.00 | |
|-------------|-----------------------------------|----------------------------------------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------|------------------------------------------------|-----------------------------------------------------|
| | PLACE OF D | | .0161 | | 4. USUAL RESIDENCE (V | DEATH 2-25 | |
| | | City, Maryland | | | A. STATE | B. COUNTY | before admission) |
| H | FULL NAME | OF (If not in hospit | al or institution, | give street address or location) | | outside composete limits | , write RURAL and give |
| IN | STITUTION | Baltimore Ci | to Hospit | al a | | outside for purate infines | township) |
| 0 | + | Dale Imole of | 0y 110sp10 | Yrs. | Baltimore o. STREET ADDRESS (If | yund (inclosetion) | |
| | | tay in Baltimore | Life | Mos. Days | 517 North Point | | |
| | Male | 6.COLOR OR RACE | 7. SINGLE, M. WIDOWED. Single | ARRIED, DIVORCED (Specify) | 8. DATE OF BIRTH Aug. 2/-1899 | 9. AGE (In years Mon last birthday) Mon | Under I Year If Under 24 Hours nths Days Hours Min. |
| 10 work | A. USUAL OC done during most o | CUPATION (Give kind of of working life, even if retired) | 108. KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | reign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13 | FATHER'S N | JAME | | | Pennsylvan | | |
| | | | Titalehili. | | | | |
| 15 | | Villiam Kible | | | Margaret Lew | is | |
| (Ye | , no or uokoowo) | (If yee, give war or date | of service) | SOCIAL SECURITY NO. | 17. INFORMANT | | DDRESS 4940 |
| _ | | | | | Records* Balto. | City Hospital | s Eastern Av |
| | 18. 33 | 3/X. | | CAUSE | OF DEATH | | INTERVAL BETWEEN ONSET AND GEATH |
| | DISEAS | E OR CONDITION | DIRECTLY | | | | OHDE! AND CEATH |
| | (This does | not mean the mode o | f dying, e. g., | (A) Cere | ebral Vascular Ac | cident | l week |
| | injury or | re, asthenia, etc. It mea complication which c | aused death.) | DUE TO | | | |
| | | ANTECEDENT CAUS | FS | | | | |
| z | | | | (B) | | | |
| 9 | DISEASES | OR CONDITIONS, IN | F ANY, GIVING | OUE TO | | | |
| [| UNDERLY | ING CONDITION LA | ST. | (C) | | | |
| 121 | | | | | | *************************************** | *************************************** |
| RTIFICATION | OTHER S | II IGNIFICANT CONDI | TIONE CON | | | | |
| lul i | TRIBUTING | TO THE OEATH, BUT | NOT RELATED | | | | |
| U | | F OPERATION 1 | | DINGS OF OPER | ATION | | 20. AUTOPSY? |
| A | ion. Dail o | . OI ENATION O | SB. MASON TH | ADINGS OF OPER | ATTON | | YES NO X |
| EDICAL | | ENT WAS UNDER- R CONTRIBUTING | 218. PLACE about home, farm, f | OF INJURY (e. g., in actory, street, office hidg., | o or 21c. WHERE DID (I | If in Baltimore City, g | 1 |
| Σ | 210. TIME (| Month) (Day) (Year) | (Hour) 21E. | INJURY OCCURR | ED 21F. HOW DID INJURY | OCCUR? | |
| | OF INJURY | | WHILE | | | | |
| | 00 77 1 | | m. wor | | 2-22 1051/1 | 2-25 10 5 | 1. |
| | | y certify that I att | ended the dec | eased from | 1927, 10 | , 19) | that I last saw the |
| П | deceased al | ive on | , 19_51, and | that death occur | Tred at 1 -10 m., from to | he causes and on th | e date stated above. |
| | 23x. Diolika | () / | Clos | | 4940 Eastern Ave | niia | 2-25-51 |
| 2.4 | A. BURIAL, C | REMA- 24B. DATE | 13/4c. | NAME OF CEMETE | | OCATION (City, town, | |
| 35 | N, REMOVAL (S | pecify) 2/96/5 | 1 40 | 1/ / | A 11.1. | hesparri | No. |
| | ATE RECEIVE | D BY DECISTRAD | E ELCHATURE | wy cen | 25. FUNERAL DIRECTOR | nesnava | ADDRESS |
| F | EB 2619 | RAR REGISTRAR | to Milla | we, Not | // / / | re. 12/7 d | ADDRESS ON Fred 5 4 |
| | VS 150 | | 5. | 000 | 8 9 | | 1 |
| L | | | | | | | 83a |



| | NI | 1 | 250 | | | PATYEN | | | | |
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| | 11- | - | 4045 | | BALTIMORE CIT | Y HEALTH DE | PARTMENT | | 51. 18 | 315 |
| | | D. | 1 1810 | 0 | | CATE OF D | | Registere | | |
| Ē | T P | - | NAME OF DECEASE | | | | | | | |
| | ri | | Type or Print) | | rnie Patter | | | 2. DATE OF | -25-5 | / |
| | IIe | 3. | PLACE OF DEATH: | Manu | me janen | 4. USUAL | RESIDENCE (Wh | DEATH | | |
| | ddr | 1- | Baltimore City, M | | | A. STATE | ma | B. COUNTY | | e admission) |
| | S | H | OSPITAL OR | II not in nospita | l or institution, give street ad | c. CITY OF | TOWN (If o | utside corporate li | mits, write-RUE | AL and give |
| | y. | I II | ASTITUTION MA | wersit | W | 1 | Bultimes | - | wal | township |
| - | idi | | U | | - 1 | | ADDRESS (If/ru | ral, give location) | 2 | 200 |
| 3 | 1 | c. | Length of stay in | Baltimore | 2,5 | Mos. 64 | 05 Has | elwood | ane | |
| | nd | 5. | SEX 6.COL | OR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED | (Specify) 8. DATE OF | BIRTH (| 9. AGE (In years | H Under Year Months: Days | If Under 24 Hours |
| | D R | | + 1 | | S | 9/2 | 11948 | 2 1/2 45 | Months Days | nours min. |
| | | 1C wor | A. USUAL OCCUPATI | ON (Give kind of | 108. KIND OF BUSINESS | OR 11. BIRTHE | LACE (State or for | eign country) | 12. CITIZE | |
| | cle | | | - Contractive Cont | | OSIKI | Und. | | WHAT | COUNTRY |
| | th | 13 | FATHER'S NAME | / 70 | | 14. MOTHE | R'S MAIDEN NA | ME | | |
| G | of death cl | | Kenne | The Pa | etten | | ma | y Dor | aldro | 121 |
| DII | of | 15 (Ye | . WAS DECEASED EVER | IN U. S. ARMED | FORCES? 16. SOCIAL SECURITY | NO 17. INFORM | TANT | 1 | ADDRESS | |
| | ses | _ | no - | - | - SECONTI | Kennet | h Patten 6 | 405 Mars | lwood | aux |
| | | | 18. 637.1 | | CA | USE OF DEATH | 1 | 0 | INTERV | AL BETWEEN |
| FOR | ا به د | | DISEASE OR | | | 0 | / | • | ONSET | AND DEATH |
| T. | 7 | | (This does not me | NG TO DEAT | dying, e. g., (A) | Kespuat | ory face | luce | | |
| VED | write | | heart failure, asthe injury or complication | ation which car | used death.) DUE TO | 0 | | | | |
| RESERVED | (A | | ANTEC | EDENT CAUS | ES | 0 - 1 | . 00 | | | |
| SSE | C to | Z | DISEASES OR CO | NOITIONS IS | (B) | Caralyt | x Ilex | · | | |
| RES | 0.1 | E OF | RISE TO THE ABOV | E CAUSE (A) | STATING THE DUE TO | 0 1 | | | | |
| Z |] : S | CA | ONDERETHING CO | DIVIDITION EX | (C) | 6054-0 | peralw | 2 | ••••• | |
| MARGIN | Physicians | F | | -11 | | 1) | | | | |
| (A) | ysic | RTI | OTHER SIGNIFIC | CANT CONDIT | | | | | | |
| MA | Ph | CE | TO THE OISEASE | OR CONDITION | CAUSING IT. | eupemi | a | | | |
| | ٠. ا | AL | 19A. DATE OF OPER | ATION 3 19 | B. MAJOR FINDINGS OF | OPERATION | | | - 5 | UTOPSY? |
| 11414 | important. | U | 21A. ACCIDENT W | S UNDER | 218. PLACE OF INJURY | (e.g. in or 21c. Wi | HERE DID (If | in Baltimore Cit | YES Y | NO L |
| | oor | EDI | LYING OR CONT | RIBUTING | about home, farm, factory, street, of | | OCCUR? | Durumore ore, | , give exact it | ,cation, |
| | imp | Σ | 21D. TIME (Month) | (Day) (Ycar) | Hour) 21E. INJURY O | CURRED 21F. HC | W DID INJURY | OCCUR? | | |
| | | | OF INJURY | (, (, (, , , , , , , , , , , , , , , | WHILE AT NO | T WHILE | | | | |
| | 8 | | | | | T WORK | - >=/ | 2 2 | 4=1 | |
| | beds | | | y that I atte | nded the deceased from . 195%, and that death | 2-19 | 19 3 / to | , 19 | Sthat I la | st saw th |
| 1 | is espe | | deceased alive on 23A. SIGNATURE | 7 | . 1952, and that death | 23B. ADDRES | s . / | e causes ana or | | E SIGNED |
| 0.0 | is | | 11 | 1) AA | edrus " | D. Mar | 10). Hr | 272 | | -57 |
| 6 | 10 | 2. | 4A. BURIAL. CREMA- | 24B. DATE | 24C. NAME OF C | EMETERY OR CREM. | | ATION (City, to | | (State) |
| O V | correct a | TH | Burial | 2/28 | 151 du | raine | | Bulto. | C. M | d. |
| 5 | rre | D. | ATE RECEIVED BY | REGISTRAR'S | SIGNATURE | | AL DIRECTOR | | | |
| 6 | 4 5 | - | EB 26 1951 | There are | ton Williams, Mar | Win Con | A Inc. 12 | 17 54. 7 | rul ST | |
| | | = | VS 150 | | 3 1 10 15 | 2 | (27.02 | / | | |
| | | | | | |) 8 | 3 | | 74 | 0_ |
| | | | | | | | 100 | | 11 | |



ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) , 19 II, that I last saw the . and that death occurred dt 2.45 Am., from the causes and on the date stated above. 23g. DATE SIGNED 24c. NAME OF CEMETERY OF GREMATOR 240. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS

1816.

before admission)

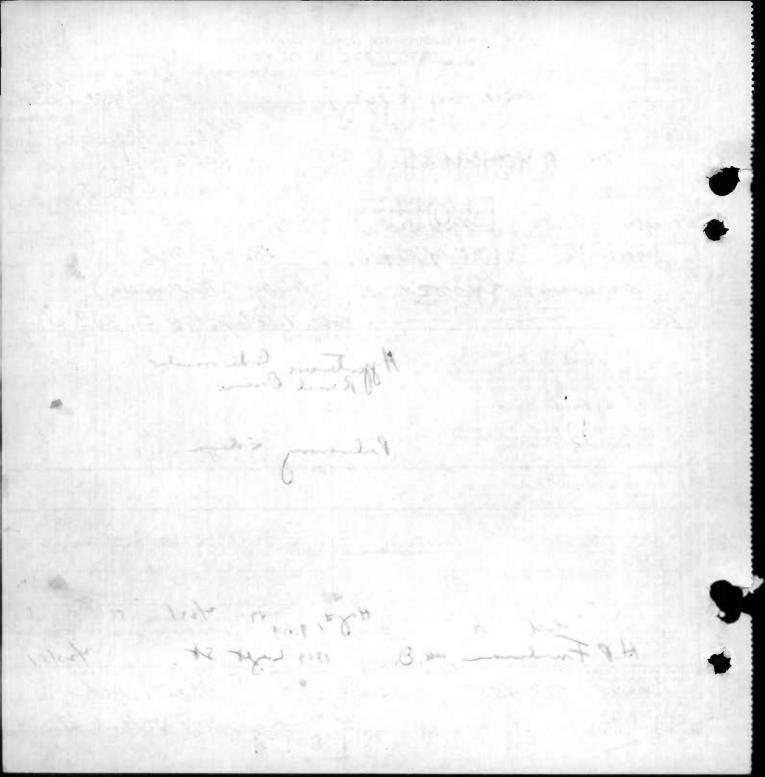
12. CITIZEN OF

WHAT COUNTRY?

VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE



ND

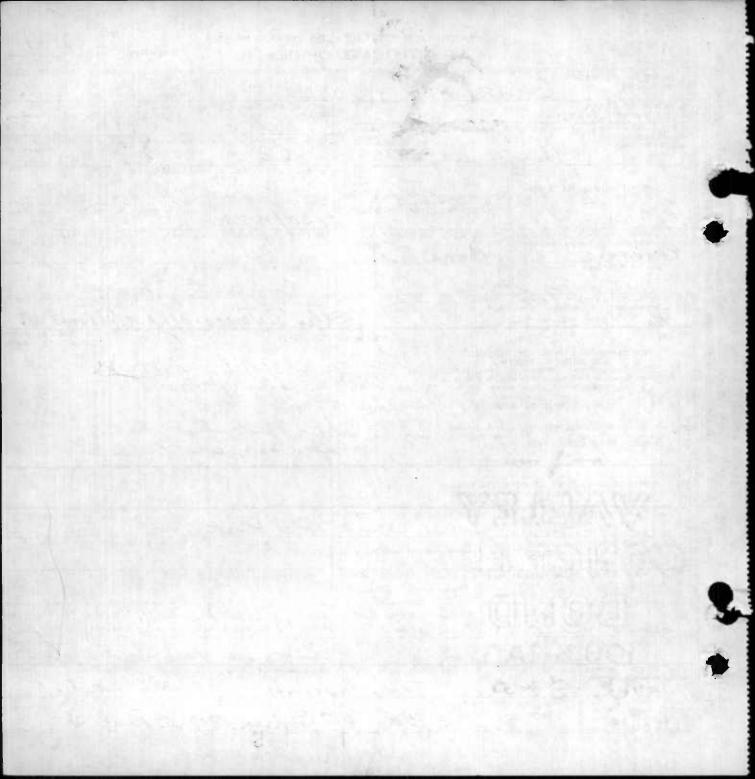
BINDING

FOR

RESERVED

MARGIN

VS 150



| C. | 4 | 140 | |
|----------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| The (| 5.1 BI | 1 1818 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. | 1818 |
| | (T | Type or Print) CARROLL STANDARD COVELL 2. DATE OF DEATH 2/2 | 3/51 |
| suppli | A. | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or Institution, give street address or | itution: residence before admission) |
| fully supplied. | IV | OSPITAL OR NSTITUTION ST. JOSEPH'S (HOSP. C. CITY OR TOWN (If outside corporate limits, we | rite RURAL and give township |
| fu legibly. | | Length of stay in Baltimore Life Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) | 84. |
| d be | 1 | 19. AGE (In years) 19. AG | Days Hours Min. |
| on si clean | worl | rk done during most of working life, eyen if retired) INDUSTRY | CITIZEN OF WHAT COUNTRY |
| NDING information s of death cle | 13 | William B. Eovell Georgianna Hard | |
| BINDING of inform | 15 (Ye | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO. 18. SOCIAL SECURITY NO. 19. SOCIAL SECURITY NO. | derick Rd |
| FOR y item the can | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANEXTOGERATE CAUSE OF DEATH (A) DUE TO ANEXTOGERATE LEADING TO DEATH OF D | INTERVAL BETWEEN DNSET AND SEATH |
| 0.0 | z | ANTECEDENT CAUSES | |
| IN RESEI NG INK. Is: please | CATIO | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) | |
| MARGIN UNFADING Physicians: 1 | CERTIFI | OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| Hrt . | CAL | 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| LY, WITH | MEDIC | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or linguage) 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?) | |
| J. | ~ | 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK | |
| E & | | 22. I hereby certify that I attended the deceased from 2/23/5/19 to 8/23/49/, the deceased glive on 2/23/5/19 from the causes and on the | hat I last saw the |

PLEASE RITE COrrect age is especial im

24A TION

23A. SIGNATURE

DATE RECEIVED BY LOCAL REGISTRAR FR. 26 1951

VS 150

BURIAL, CREMA-

24B. DATE

REGISTRAR'S SIGNATURE

23B. ADDRESS

23B. ADDRESS

METERY DR CREMATORY 24D. LOCATION (City, town, or county) (State)

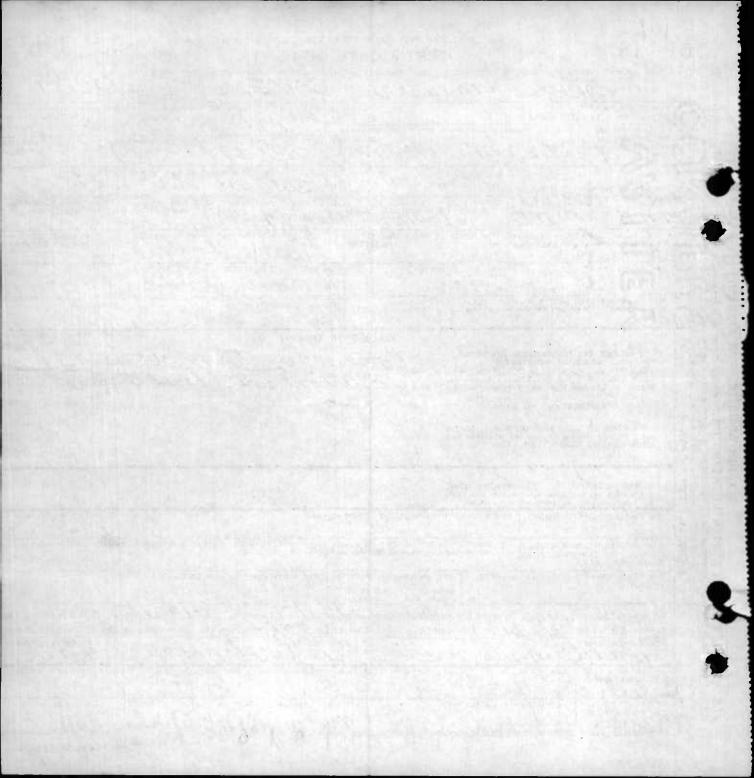
25. FUNERAL DIRECTOR

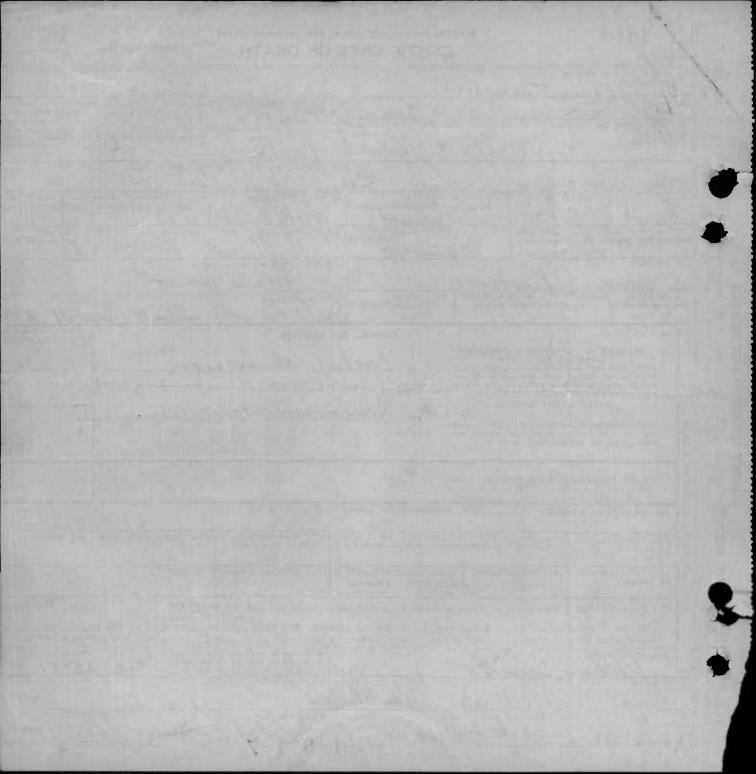
ADDRESS

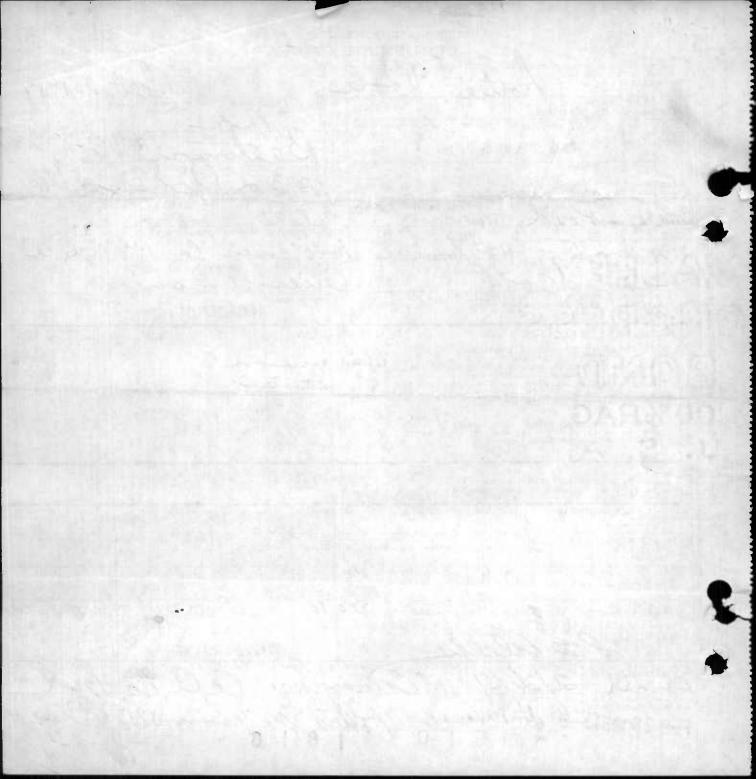
M. Mus. John W. Tenfelt Sow 53)]

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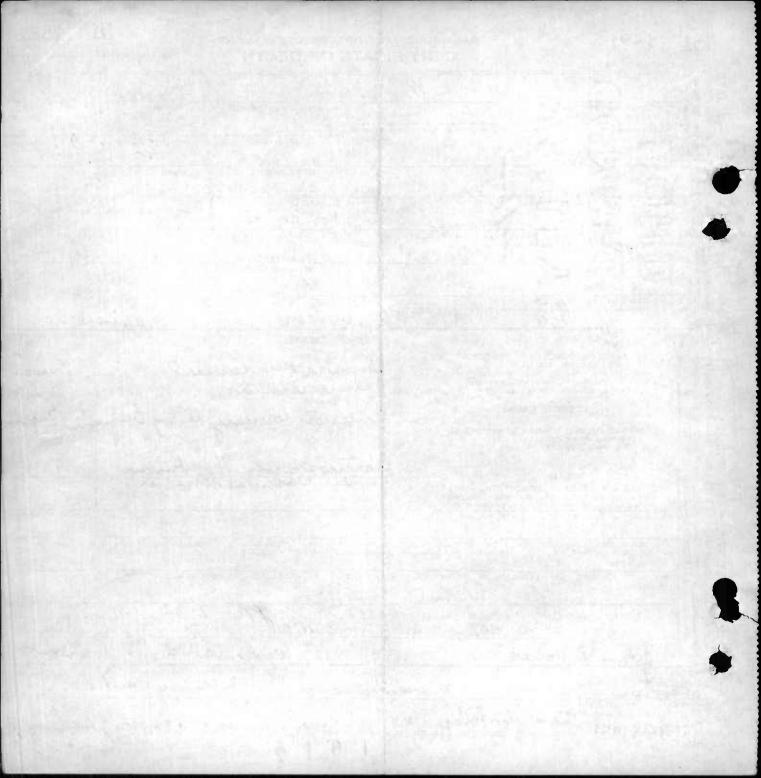






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| ially | impe | ortant. | Physicians: please write the causes of | please | write | the ca | uses | of |

| 1-2 | 0.0 | | | | | | | |
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| 100 | 4003 | | | | | | E | 1821 |
| 33. | 1.821 | 190 | BAI | | E OF DEAT | | Registered No | |
| | TH NO. | ECEACED | | | | | | |
| | e or Print) | LAU | RA | MAR | 8 21 | | OF FEB. | 23 1957 |
| | altimore (| | | | 4. USUAL RESIDE | | eceased lived. If in B. COUNTY | stitution: residence before admission) |
| HOS | JLL NAME | OF (If not in hospit | al or institut | ion, give street address of location | | Z tlf outsid | corporate limits. | made RAL and give |
| - | 12 W. B | ARRE ST | | | BALTIMOR | PRECIALCO | 2 | township) |
| 80 |) | | | Yrs. Mos. | D. STREET ADDRE | ESS (If rural, | give location) | |
| c. L. | | tay in Baltimore | LIFE | Days | | | | |
| 6 | EMALE | 6. COLOR OR RACE | WIDOW | E, MARRIED, ED, DIVORCED (Specif | NOV. 30, 18 | . 10 | | ths Days Hours Miu. |
| 10A. | USUAL OC | CUPATION (Give kind of working life, even if retired) | | OF BUSINESS OR | 11. BIRTHPLACE | | country) 1 | 2. CITIZEN OF |
| | HO | ME | 140 | US C | BALTIMOI | R6 | | WHAT SOUNTRY? |
| 13. F | FATHER'S N | | 1 1 1 1 1 1 1 | | 14. MOTHER'S MA | | | |
| 15. \ | WAS DECEASE | D EVER IN U.S. ARME | D FORCES? | 16. SOCIAL | 17. INFORMANT | ww ! | 44 | |
| (Yes, n | o or unknown) | (If yes, give war or date | s of service) | SECURITY NO. | ViOLA BEA | UM O | 12W.BAR | RIE ST |
| 1 | B. 42 | 10 . / | | CAUSE | OF DEATH | <i>A.</i> 1/1. | 1000.101410 | INTERVAL BETWEEN |
| | DISEAS | SE OR CONDITION LEADING TO DEA | | CD | . 74. | | | ONSET ANO OFATH |
| | (This does | not mean the mode re, asthenia, etc. It me | of dying, e. | e, (A) | egenerati | conclu | Se. | Imoz. |
| | injury or | complication which | caused death | .) DUE TO | egenerali | us | | |
| Z | | ANTECEDENT CAU | SES | (B) arī | terrin Coron | vares a | Teny Oceles | 2 · 2 · 2 · · |
| 10 | RISE TO T | S OR CONDITIONS, THE ABOVE CAUSE (A) | STATING T | VG | | 7 | | The |
| CA | ONDERL | YING CONDITION L | AST. | Co. 7 | | - 1/ | 1= | |
| Certerioscleratie Hypertensine Carelin Vascular Disease | | | | | | | | |
| ER | TRIBUTING | GIGNIFICANT COND | NOT RELAT | -0 | and o when | | um | |
| 0 - | | F OPERATION | | FINDINGS OF OPE | RATION | | | 20. AUTOPSY? |
| V - | ACCIDE | NT. SUICIDE. | 1 21a DI | CE OF INJURY (e. g. | in or 21c. WHERE D | UD (If in H | altimore City gi | YES NO Ve exact location) |
| | HOMICIDE | | | arm, factory, street, office bldg | | R? | attimore City, gr | ve exact location) |
| | 210. TIME | Month) (Day) (Year | (Hour) | 21E. INJURY OCCUR | Carlotte Control of the Control of t | INJURY OCC | UR? | |
| | | | m. | WORK NOT WHILE AT WORK | | | | |
| | | | tended the | deceased from 1 | 2-30 | 7. to_ 2- | | that I last saw the |
| | deceased a | | _, 190/_, | and that death occi | erred at W. Com. | | ises and on the | 2 date stated above. 23c. DATE SIGNED |
| | John | ~ P. Urlock | you. | м. D. | 1227 Was | lu. ash | d | 2-24-57 |
| Z4A. TION. | REVOVAL (S | pecify 24B. DATE | | 24c. NAME OF CEMET | ERY OR CREMATORY | Baltoni | ON (City, town, o | r county) (State) |
| | URIAL E RECEIVE | 2-26- | SSIGNATI | IRE IRE | 1 25. FUNERAL DIR | | or mai | ADDRESS |
| LOC | AL REGIST | | 4× 1/4 | iques, Acus | Loseph J. C. | mhrere | 1328 8 | Polymor Paris R.L. |
| 1 | D Z D 13 | 51 | 7 | 0 00 | 6 1 0 | | - Carl | 9- |
| 11 | | | | | 0 1 9 | | | 727 |



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| 5 | 1899 |
| he | BIRTH NO. |
| H | |

fully supplied.

UNFADING INK. Every item of information she Physicians: please write the causes of death clean

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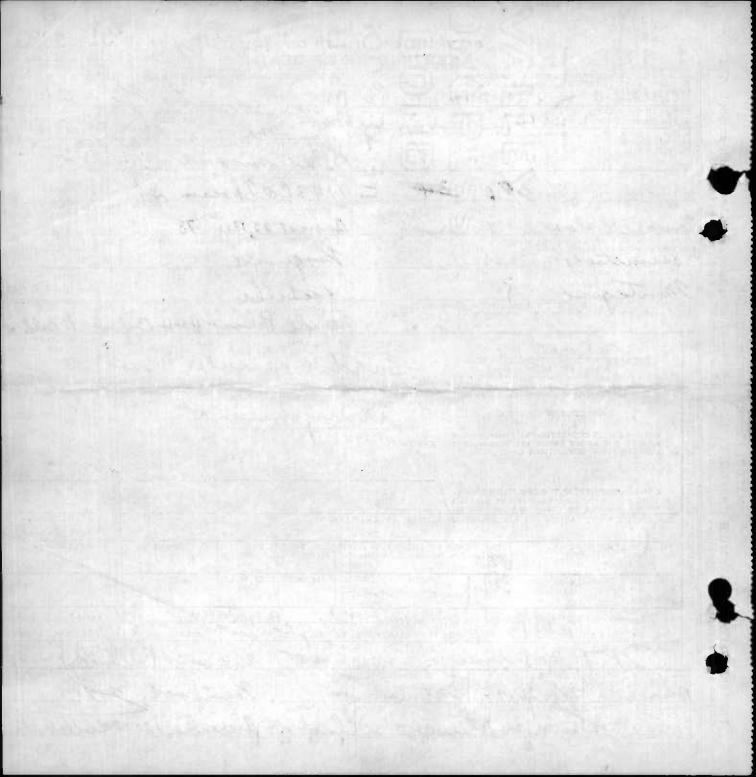
| | 1899 | 1899 BALTIMORE CITY HEALTH DEPARTMENT | | | | | |
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| В | IRTH NO. | | | CERTIFICATI | E OF DEATH | Registered 1 | No. |
| 1 | NAME OF D | ECEASED DAT | OH A ET | CASPER | | 2. DATE | 05 1051 |
| | (Type or Print) RAPHAEL CASPER 3. PLACE OF DEATH: | | | | 4. USUAL RESIDENCE (| DEATH | 25,1951 |
| A | A. Baltimore City, Maryland | | | | A. STATE Maryland | B. COUNTY | before admission) |
| H | B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) | | | | | If outside or porate limi | ts write RURAL and give |
| Ö | 4216 Penhurst Avenue | | | Baltimore township | | | |
| | | tay in Baltimore | 12 Yr | Yrs. Mos. Days | p. street address (1 4216 Penhurst | | |
| 5 | male | white | | E. MARRIED, VED, DIVORCED (Specify) RTED | B. DATE OF BIRTH Dec 31, 1903 | | onths Days Hours Min. |
| 10 | A. USUAL OC | CUPATION (Give kind of of working life, even if retired) | 10B. KINE | OF BUSINESS OR | 11. BIRTHPLACE (State or | foreign country) | 12. CITIZEN OF |
| | salesman | | adver | tising INDUSTRY | Brooklyn, New | York | WHAT COUNTRY? |
| 1: | 3. FATHER'S | | | | 14. MOTHER'S MAIDEN NAME | | |
| _ | Arthur C | | | | Rachel Arvin | | |
| 1: (Y | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO | | | 17. INFORMANT ADDRESS | | | |
| _ | | | | 150-10-5274 | Rose Casper- 42 | 16 Penhurst A | venue |
| | 18. 54 | 00 | | CAUSE | OF DEATH | | INTERVAL BETWEEN |
| 1 | DISEAS | E OR CONDITION | DIRECTLY | Pan | 01 | 100000000000000000000000000000000000000 | |
| | (This does | not mean the mode ore, asthenia, etc. It mea | f dying, e. | B., (A) | nary ohnon | bosing | Sudden |
| | injury or | complication which c | aused death | .) DUE TO | | | |
| | SECTION AND | ANTECEDENT CAUS | ES | 1.1 | 4. 0 | | |
| Z | DISEASE | OR CONDITIONS | | (B) 120 | many Throm tic ulcar | *************************************** | 21 437 |
| 12 | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | | | | | | |
| CA | | | | | | | |
| RTIF | | 11 | 10.11 | | | | |
| ERI | | | | | | | |
| Ü | TO THE D | ISEASE OR CONDITION | CAUSING I | т | | | |
| AL | 19A. DATE O | F OPERATION 0 1 | 9B. MAJOR | FINDINGS OF OPER | ATION | | 20. AUTOPSY? |
| EDICAL | 21A. ACCID | ENT WAS UNDER- | 21B. PL | ACE OF INJURY (e. g., in farm, factory, street, office bldg., e | | (If in Baltimore City, | |
| ME | CAUSE OF | R CONTRIBUTING DEATH | about nome, | iarm, ractory, street, omce bing., e | tc.) INJURY OCCUR? | | |
| - | 21D. TIME (| (Month) (Day) (Year) | (Hour) | 21E. INJURY OCCURRI | 21F, HOW DID INJUR | Y OCCUR? | |
| | | | m. | WHILE AT NOT WHILE | | | |
| | 22. I hereb | y certify that I att | cnded the | deceased from 7 | cb. 10, 1951, to | Feb 25, 190 | I that I last saw the |
| | deceased alive on 7th. 25, 1951, and that death occurred at 4 A m., from the causes and on the date stated above | | | | he date stated above. | | |
| | 23A. SIGNAT | George 8 | 0 | 2 | 3B. ADDRESS | eight and | 23C. DATE SIGNED |
| 2 | 4A. BURIAL, C | 1 0 | | M. D. 24C. NAME OF CEMETE | | LOCATION (City, town | 2/25/57 or eounty) (State) |
| | on Removal (S | | | Adas Israel, | | nton, New Jer | |
| | ATE RECEIVE | D BY REGISTRAR | | | 25. FUNERAL DIRECTOR | | ADDRESS |
| FF | B 26 19 | 5 Priming it | - 11/49 | www.Also | | 1B102.1124 | |
| | VS 150 | | 7 | 1000 | 8 2 0 | | 17a Overue |
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| | The state of the s | The state of the s | | . 1 | | | Y |

La-1061 150-10-5274

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) et address or location) (If outside corporate limits, write Rept Al, and give Yrs. lf rural, give location Mos: c. Length of stay in Baltimore 9. AGE (In years) 7. SINGLE, MARRIED last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) st 22.1873 BARTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? vogenca ER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT L. that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at. from the causes and on the date stated above. 23B. ADD 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY



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| RESE | INK. |
| MARGIN RESERVED FOR BINDING | WITH UNFADING INK. Every item of information should be ortant. Physicians: please write the causes of death clexity and hear |
| | WITH rtant. |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED

Registered No. 2. DATE 7.2x.11 OF DEATH B. COUNTY before admission) Uf outside corporate limits, write RURAL and give 9. AGE (In years) last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 0075 20. AUTOPSY (If in Baltimore City, give exact location)

(Type or Print) KENNETL W. KINES 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN P. B.G. Hosp INSTITUTION Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore FIEDSEN1 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State o) foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY GARAGE MECKANIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DEGEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wa SECURITY NO es CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from , 19___, that I last saw the 19____, and that death occurred at 2.150 m., from the causes and on the date stated above, deceased alive on 238. ADDRESS 23c. DATE

DATE RECEIVED BY S SIGNATURE LOCAL REGISTRAR

25 FUNERAL DIRECTOR

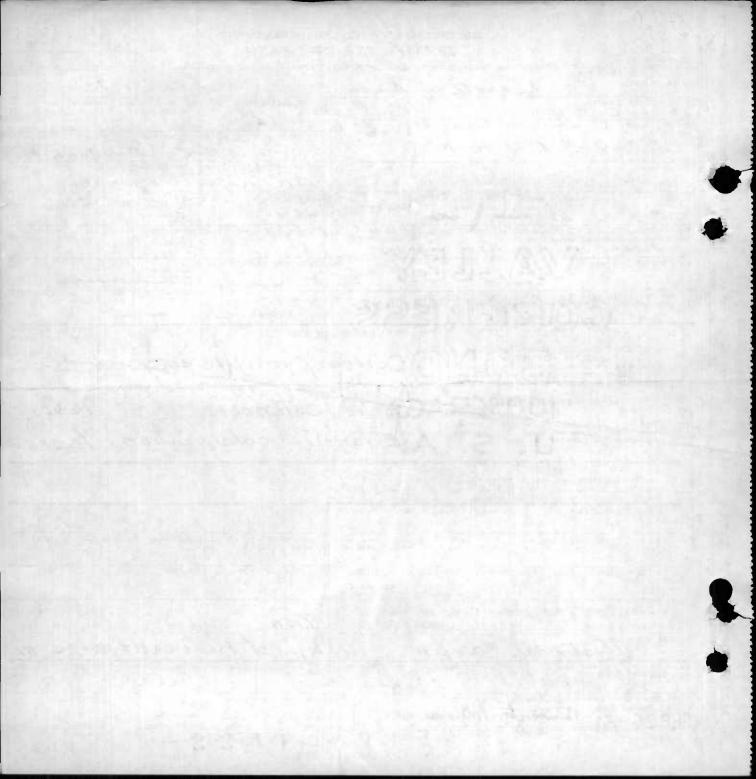
ADDRESS

24D. LOCATION (City, town, or county)

24C. NAME OF CEMETERY OR CREMATORY

VS 150

24A. BURIAL REMA-TION, REMOVA Pecify)



fully supplied.

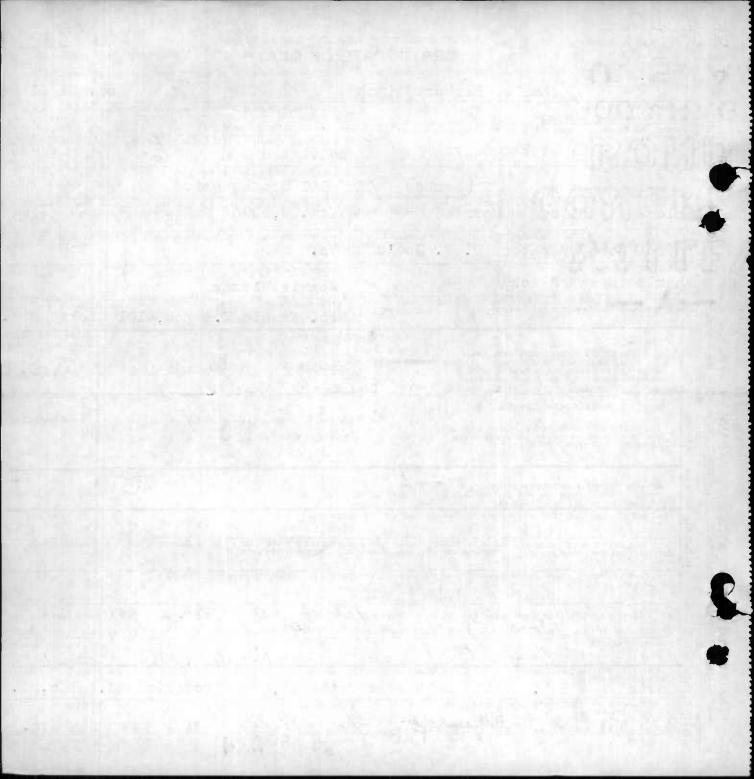
of

| UNFADING INK. | UNFADING INK. Every item of information shortd be ully supplied. The |
|--------------------|----------------------------------------------------------------------|
| Physicians: please | write the causes of death clear, and learly. |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1.826 Registered No.

| E . | В | IRTH NO. | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 18 | 1. (T | NAME OF DECEASED (harles Herbert Birch | 2. DATE OF Peb. 21/51 |
| supplied. | Α. | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) |
| ully st | H | FULL NAME OF (If not in hospital or institution, give street address or ospital or institution, give street address or location) 4101 Stokes Drive | |
| | | Yrs. Mos. | D. STREET ADDRESS (If rural, give location) |
| be d | | Length of stay in Baltimore 3 months Mos. Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. | 4101 Stokes Drive [8_DATE OF_BIRTH_ |
| * | | ale White Mire Mire DIVORCED (Specify) | 1896 9. AGE (in years of Under I Year last birthday) Months Days Hours Min. |
| TTE YE, WITH UNFADING INK. Every item of information she especies a important. Physicians: please write the causes of death clearly | PE | A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR A doceduring most of working life even if retired) LTO I BOOL OPERATOR U. S. GOVERNSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | 1 | narles Henry Birch | 14. MOTHER'S MAIDEN NAME |
| | | | Jennie Bloxan |
| | (Ye | MAS DECEASED EVER IN U. S. ARMED FORCES? (If you, give war or dates of service) 16. SOCIAL SECURITY NO. | Mrs. Fannie M.Birch, 4101 Stokes Drv. |
| | | | OF DEATH INTERVAL BETWEEN ONSET AND DEATH |
| | | heart failure authoria ate It money the diagram | bercle Bacillus 15475. |
| | | Control of the contro | ocide inaccided |
| | ATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION CAST. | uberculosil |
| | U | (C) | |
| | IEDICAL CERTIFI | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| | | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | PATION 20. AUTOPSY? |
| | | 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., e | n or 21C. WHERE DID (If in Baltimore City, give exact location) |
| | Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT WORK AT WORK | |
| | | 22. I hereby certify that I attended the deceased from Fe | eb. 12, 1951, to Fels 21, 1951, that I last saw the |
| | | deceased alive on Jely 20, 19 3 1. and that death occur | rred at 1:30 Q.m., from the causes and on the date stated above. |
| | | K. Krulevity M. D. | 236. ADDRESS 23c. DATE SIGNED 2/23/51. |
| PLEASE correct ag | TIC | | RY OR CREMATORY 240. LOCATION (City, town, or county) (State) ational, 5501. Frederick Rd.Balto.Md. |
| PLEAS correct | | ATE RECEIVED BY REGISTRAR'S SIGNATURE B 2 6 1951 | arry of link/Collon admonds on Ave. |
| | | vs 150 623 | 91 8 2 9 13 3 |

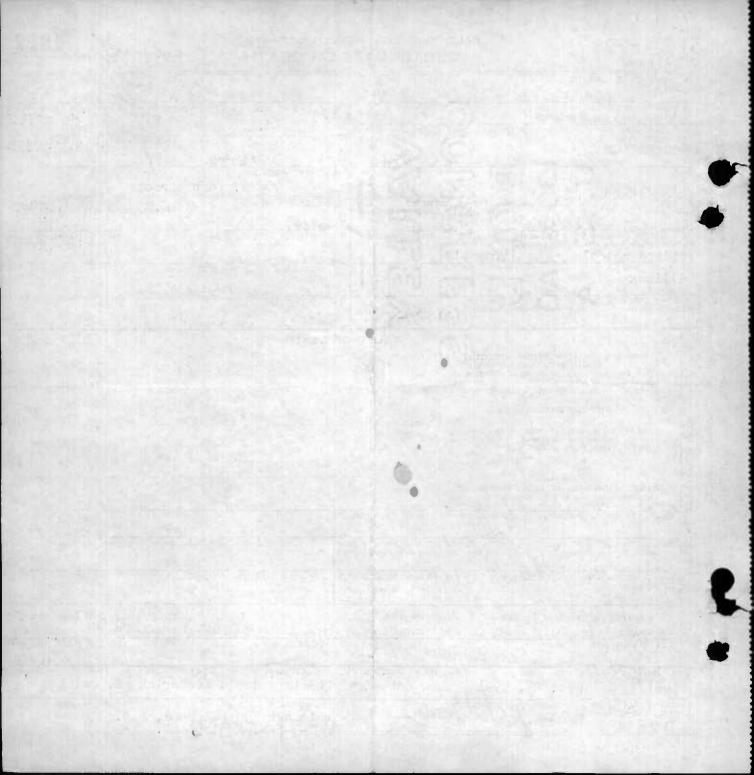


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| 51. | 1.827 |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| | 51 | 1827 |
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| Registered | No. | JURI |

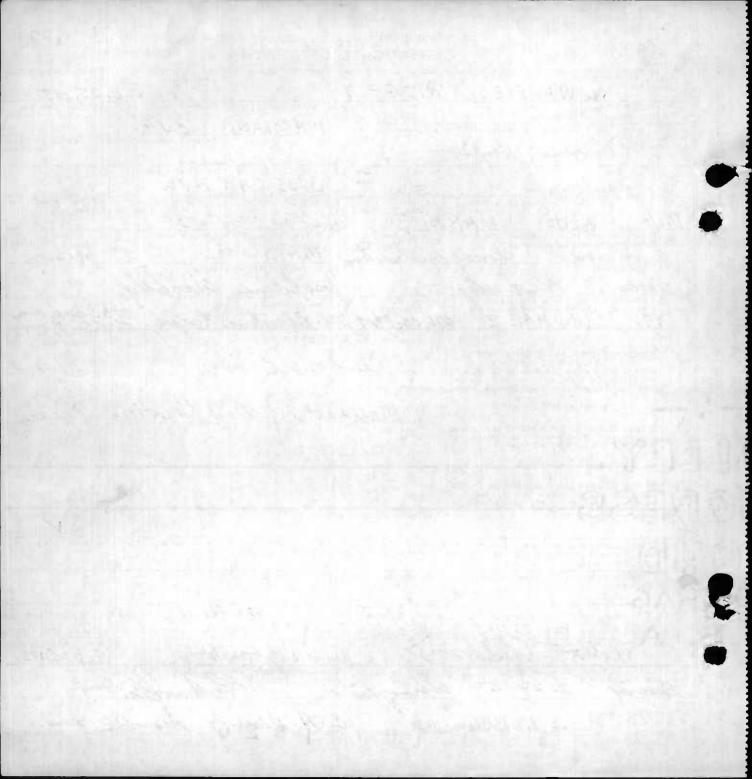
| he | BI | RTH NO. | L OI DLAIII |
|--------------------------|------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| _ | | NAME OF DECEASED | 2. DATE |
| 9 | (T) | (ype or Print) anna Darry | DEATH Feb 24 1957 |
| supplied | | PLACE OF DEATH: | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence |
| dd | - | Baltimore City, Maryland | A. STATE B. COUNTY before admission) |
| ns | | FULL NAME OF (If not in hospital or institution, give street address of | |
| ly | IN | OSPITAL OR location | C. CITTOR TOWN (IT outside corporate minus write BORAL and give |
| E. | - | Little Septers of the Pany | Baltimore township) |
| | 1 | Yrs. | o. STREET ADDRESS (If rural, give location) |
| 2 30 | 6 | Length of stay in Baltimore Mos. Days | 708 N. Port Street |
| d d | | Days SEX 6.COLOR OR RACE 7. SHNOLE, MARRIED, | 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours |
| | 2 | WIDOWED, DIVORGED (Specify | last birthday) Months: Days Hours: Min. |
| B | 1 | emale White | Jan. 15, 1875 16 |
| shear | work | A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY | M1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| ele n | | tired saleslady Brager's | 13.17 |
| tio | | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| informations of death cl | Wi | ll iamx 0 + | m 11 71 -L |
| de | 1.00 | Michael Troclor | Martha Hauston |
| of of | (Yes | S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 6, no or nnknown) (If yes, give war or dates of service) SECURITY NO | 17. INFORMANT ADDRESS |
| of i | | (If yes, give war or dates of service) 216-69-97-04. | Little lesters of the Poar |
| em of causes | | 18. 477. / CAUSE | OF DEATH INTERVAL BETWEEN |
| y item the cau | | I | OF DEATH |
| it | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | min Muneau del. han |
| | | (This does not mean the mode of dying, e.g., | one my ocarillus 296 |
| Ever | | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | |
| M B | | |)-1-1/0, |
| K. se | - | ANTECEDENT CAUSES | Ment Cloroses 3 you |
| INK. | ō | DISEASES OR CONDITIONS, IF ANY, GIVING | |
| | E | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | |
| DING ians: | S | SINDERETHING CONDITION EXST. | |
| DI | Ī. | ,, (C) | |
| UNFADING Physicians: | RTI | OTHER SIGNIFICANT CONDITIONS CON- | |
| N A | 냅 | TRIBUTING TO THE DEATH, BUT NOT RELATED | |
| PG | 0 | 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE | RATION 20, AUTOPSY? |
| H .: | ارا | 194. DATE OF CPERATION 198. MAJOR FINDINGS OF OPEN | |
| TT an | V | 24. ACCIDENT CHICIPE | YES NO |
| , WITH | ō | 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., HOMICIDE (Specify) sboot home, farm, factory, street, office bldg. | in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR? |
| pp. | ME | | |
| E I | - | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE | RED 21F, HOW DID INJURY OCCUR? |
| | | OF INJURY WHILE AT NOT WHILE | |
| ia | | m. WORK L AT WORK | |
| 96 | | | eb - 1-, 1951, to 7, eb 24, 1951, that I last saw the |
| rE esp | | deceased alive on 16623, 1931, and that death occu | rred at Am., from the causes and on the date stated above. |
| | | | 23B. ADDRESS 23c. DATE SIGNED |
| 6 | | G Jell Hall 11 W M. D. | 1631 EN avai une 2/24/5/ |
| E 80 | 24 | 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE | |
| St | TIC | Burial Specify Feb. 27, 1951 New Cathedra | al Cemetery Old Frederick Rd. Baltimore |
| PLEASE correct a | - | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR ADDRESS |
| PL | | OCAL REGISTRAR | Schimunek Funeral Home, Inc. |
| | FE | B 26 1951 | 260D-3-5-ER Madison St |
| | | VS 150 | (12 h |
| | 4 | | |



| CERTIFICATE OF DEATH | BALTIMORE | CITY | HEAL | тн | DEPARTMENT |
|----------------------|-----------|------|------|----|------------|
| | CERTI | FICA | TE | OF | DEATH |

51. 1.828 Registered No.

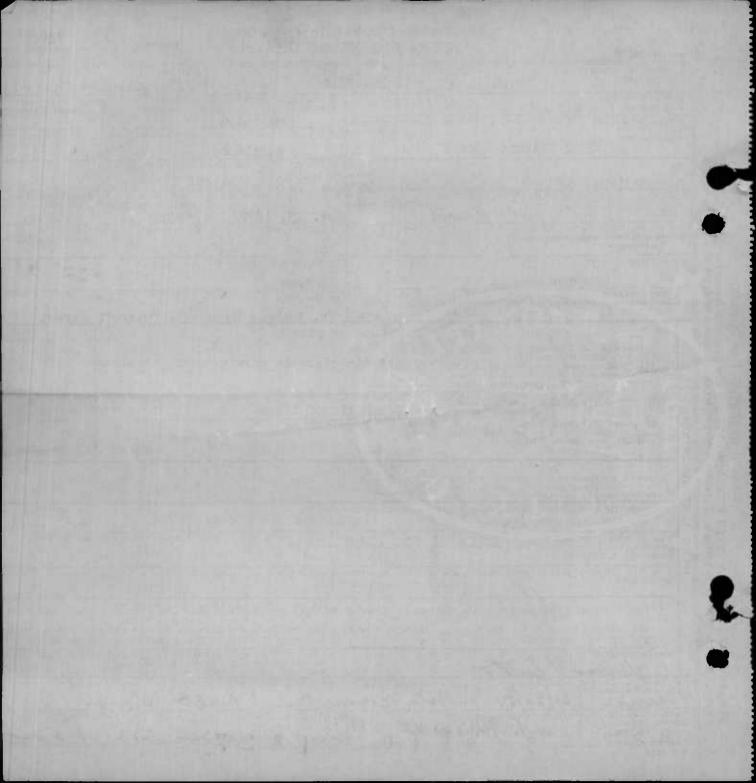
| 1. NAME OF DECEASED (Type or Print) W. WARFIELD RIDGELY | For 1 2 - 1 - 1 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where dece | |
| LICORDITAL CO. | Vto. |
| university Hospital | orporate limits, write RURAL and give township) |
| Yes D. STREET ADDRESS (If rural, giv. | e location) |
| c. Length of stay in Baltimore 3 Days 3735 OAK AVE | |
| MA / NIDOWED DIVORCED (Specify) last 1 | (In years If Under Year If Under 24 Hours Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign cou | ntry) 12. CITIZEN OF |
| work done during most of working life, even if retired) Roads Pared market MARY LAND | WHAT COUNTRY? |
| 13 TATHER'S NAME | 0.00 |
| The was person was the war | feeld |
| (17. INFORMANT SECURITY NO. 17. INFORMANT | 1 3755 and an |
| YES WORLD WAR I 216-05-8949 Mrs Exception Kidg | ely trees your |
| 18. 097X | ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | 2 |
| (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, | 3 years |
| injury or complication which caused death.) DUE TO | |
| ANTECEDENT CAUSES ROLLINGS & Section | butites 840 |
| DISEASES OR CONDITIONS, IF ANY, GIVING | anii o geals |
| RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | |
| (0) | |
| OTHER SIGNIFICANT CONDITIONS CON- | |
| OTHER SIGNIFICANT CONDITIONS CON- | |
| TO THE DISEASE DR CONDITION CAUSING IT. | |
| 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Balt LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) INJURY OCCUR? | imore City, give exact location) |
| LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? | |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED 21f, HOW DID INJURY OCCUR | 27 |
| m. WHILE AT HOT WHILE | |
| 22. I hereby certify that I attended the deceased from July , 1948, to Feb 25 | , 1957, that I last saw the |
| | s and on the date stated above. |
| 23A. SIGNATURE (Sale) M. D. 23B. ADDRESS Hashital | 23C. DATE SIGNED |
| 24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATION 24D. LOCATION | (City, town, or county) (State) |
| TION DEMOVAL (Specify) 2-28-51 Old III | M Lud- |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE V25. FUNERAL PIRECTOR | ADDRESS |
| FEB 26 1951 to Neligue Met C. A. Thelese Such | well yel. |
| | |
| VS 150 | |



BINDING

FOR

RESERVED



20. AUTOPSY? (If in Baltimore City, give exact location) . 195 that I last saw the 23c. DATE SIGNED 2.26.51 240. LOCATION (City, town, or county) ADDRESS

before admission)

12. CITIZEN OF

WHAT COUNTRY

INTERVAL BETWEEN

township)

STEWARD AND THE STRITTED OF The second of th fully supplied. The

Every item of information shared be

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Y, WITH UNFADING INK.

PLEASE

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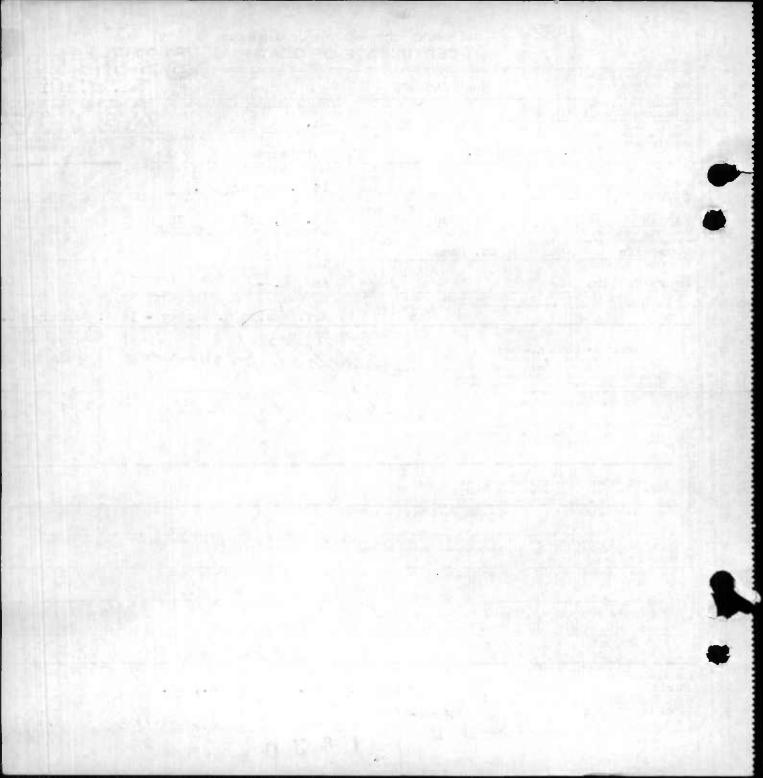
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1831

| BIRTH NO. | | E OF DEAT | Н | Regis | tered No | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------|-----------------------------|---------------------------------------|----------------------|--------------------------------|
| 1. NAME OF I (Type or Print) | | IDDLETON S. | DINTC | | | 2. DATE. OF | Pob | 24 | 1061 |
| 3. PLACE OF I | DEATH: City, Maryland | 4. USUAL RESID | ENCE (Wh | DEATH ere deceased B. COU | lived. If in | stitution | 1951 : residence fore admission | | |
| B. FULL NAME HOSPITAL OR INSTITUTION | OF (If not in hospit | al or institution, given ton Rd. | e atreet address or location) | c. CITY OR TOWN | N (lfo | utside corpor | ave limit | write Ri | URAL and giv township |
| | stay in Baltimore | | Yrs. Mos. Days | D. STREET ADDR | | _ | tion) | | |
| s. sex | 6.COLOR OR RACE | 7. SINGLE, MAR WIDOWED, DI WIDOWE | RIED. VORCED (Specify) | 8. DATE OF BIRT | 1871 | 9. AGE (in) last birthe | day) ff Ur Mont | der I Year ha Day | ff Under 24 Hours Hours Min |
| work dooe during most | CCUPATION (Give kind of tof working life, eyeo if retired) arried (rtd) | U. S. Go | USINESS OR INDUSTRY | 11. BIRTHPLACE (| State or for | 1 0 | 1 | | ZEN OF |
| 13. FATHER'S | | 14. MOTHER'S MAIDEN NAME Unknown | | | | | | | |
| 15. WAS DECEAS (Yes, no or unknown | SED EVER IN U. S. ARMEI (If yes, give war or date | 17. INFORMANT Mrs. Otto | R. Hoi | mann - | | Nood: | ington E | | |
| Z DISEASE RISE TO UNDERL | SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, IT THE ABOVE CAUSE (A) LYING CONDITION LA | f dying, e.g., nathe disease, aused death.) EES F ANY, GIVING STATING THE | (A) O'LY UE TO (B) OUL (C) | nay be | elus | ja | - | | 12 day |
| OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | | ` | | | |
| 19A. DATE | OF OPERATION 0 1 | 9B. MAJOR FIND | INGS OF OPER | ATION | | | | 20. YES | AUTOPSY? |
| 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR? | | | | | | | location) | | |
| 21D. TIME | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK | | | | | | | | |
| 22. I here deceased of 23A. Signal | by certify that I attalive on Feb. 23 | | | | | date s | last saw the | | |
| 24A. BURIAL, TION REMOVAL | Specify! | | AME OF CEMETE | RY OR CREMATORY | 24D. LO | cation (Cit | | county |) (State) |
| DATE RECEIVE LOCAL REGISTERS AND ADMINISTRATION OF THE PROPERTY OF THE PROPERT | | S SIGNATURE | eased of last | 25 FUNERAL DIF | Sinh | mer & | fori | DDRE | Salto. |



| J | | | 1832 | | | |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------|--|--|--|
| The | 1. NAME OF DECEASED | FE OF DEATH Registered No | | | | |
| ed. | (Type or Print) NORA JACKSON | | 25, 1951 | | | |
| fully supplied. | 3. PLACE OF DEATH: A. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY | stitution : residence before admission | | | |
| ns | B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location | | DIIDAI 1 | | | |
| fully y. | 14 W. Hamburg St. | Baltimore 25 | township | | | |
| | Yrs. Mos. | | | | | |
| be d | c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. | 14 W. Hamburg St. | | | | |
| d b | Female White Widowed (Specify | 8. DATE OF BIRTH 9. AGE (In years last birthday) Aug. 17, 1878 72 | hs Days Hours Min. | | | |
| sho | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IOB. KIND OF BUSINESS OR INDUSTR | 11. BIRTHPLACE (State or foreign country) 1 | 2. CITIZEN OF | | | |
| 0 | Housewife At. Home | Virginia | WHAT COUNTRY | | | |
| nati | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | |
| information is of death cl | Henry Collins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL | Anna E | | | | |
| | (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. | Mrs. Evelyn C. Curley - 14 W | ORESS | | | |
| em of causes | | OF DEATH | INTERVAL BETWEEN | | | |
| Every item write the cau | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) | elebral Hermhage | adyo ' | | | |
| | heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) | | | | | |
| - | ANTECEDENT CAUSES | when I Hy pertension | 1100 . | | | |
| INK. please | O DISEASES OR CONDITIONS, IF ANY, GIVING | una Hyperousin | //r | | | |
| G. | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | | | | |
| ADING icians: | (c) | | | | | |
| UNFADING Physicians: | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. | | | | | |
| H | 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE | RATION | 20. AUTOPSY? | | | |
| WITH rtant. | 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., | in or 21c. WHERE DID (If in Baltimore City, giv | YES NO | | | |
| Y, WITH | LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. | | e exact location) | | | |
| | 210. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED 217. HOW DID INJURY OCCUR? WHILE AT NOT WHILE | | | | | |
| re especie | m. WORK AT WORK | | | | | |
| | 22. I hereby certify that I attended the deceased from | 195/, to 195/, to 195/ | that I last saw th | | | |
| R est | | urred at A: m., from the causes and on the | 23c. DATE SIGNED | | | |
| | (a) Wheley, M.O. | 1279 mlliam of | 2/26/51 | | | |
| PLEASE correct ag | 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET TION, REMOVAL (Specify) | | (State) | | | |
| EA | Burial 2/27/51 Loudon Pa | | DDRESS/ | | | |
| PI | EEB 25 1951 | 21m. J. Tickner Vson | v= Salto | | | |
| | VS 150 | 1836 | md. | | | |
| | | T H | 83a | | | |



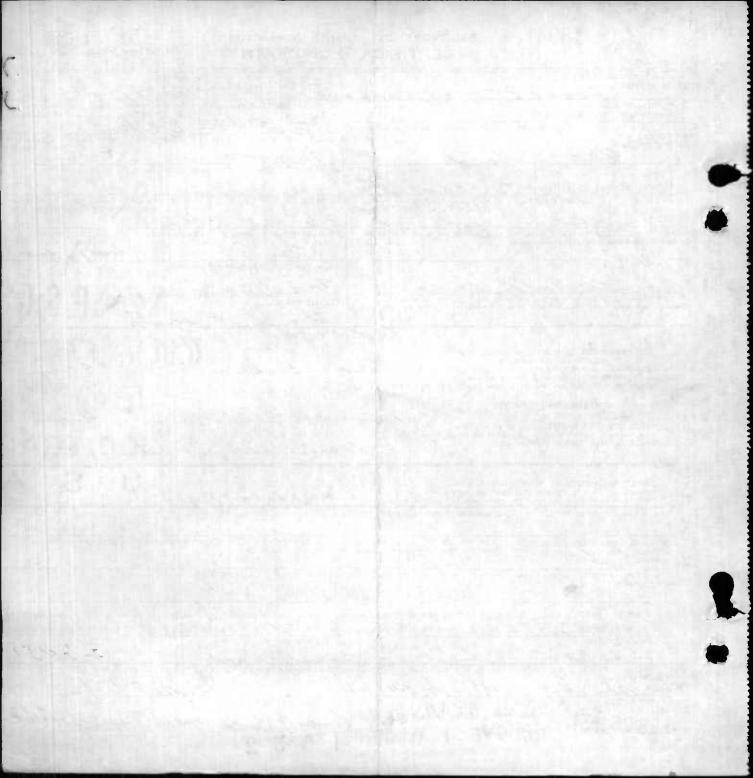
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

1833

| The | ВІ | RTH NO. | | C | ERTIFICATI | OF DEA | IH | Register | tu 110 | |
|------------------------------|------------|---------------------------------------|------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------|----------------|-----------------|-----------------------------------|-------------|---------------------------------------------|
| | 1. (T: | NAME OF D | ECEASED Lu | N.6 | Downs | | | 2. DATE OF DEATH | 2/ | 22/51 |
| supplied. | A. | | City, Maryland | | 7/// | 4. USUAL RESI | IDENCE (WI | | | ution : residence before admission) |
| Illy su | HC | FULL NAME OSPITAL OR ISTITUTION | 316 Alter | or institution, | give street address or location) | c. CITY OR TO | MN Uffo | outside corporate | limits, wri | ite RURAL and give township) |
| 5 S | | Longth of a | tow in Poltimone | | Yrs. Mos. | D. STREET ADD | OFFESS (If re | ural, give location | " > | 1 |
| be d | | SEX | 6. COLOR OR RACE | 7. SINGLE. N | Days MARRIED. O, DIVORCED (Specify) | 8. DATE OF BIR | RTH | 9. AGE (In year last birthday) | | l Year ii Undar 24 Hours Days Hours Min. |
| show | 10 work | A. USUAL OC donyduring most | CUPATION (Give kind of of wayking life, even if retired) | 108. KIND O | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE | E (State or for | eign country) | | CITIZEN OF WHAT COUNTRY? |
| ath cl | 13 | FATHER'S | four | 00 | prouling | 14. MOTHER'S | MAIDEN NA | ME | | |
| information s of death cl | 15 (Yes | . WAS DECKAS | ED EVER IN U. S. ARME (If yes, give war or date | D FORCES? 1 | 6. SOCIAL SECURITY NO. | 17. INFORMANT | 48 | Smul | ADDR | Ess |
| of | | 18. 00 | ~ X . | h. | CAUSE | OF DEATH | ray | ME 316 C | Mer | INTERVAL BETWEEN ONSET AND DEATH |
| y ite | | (This doe | SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It me | TH of dying, e.g., | (А) | Pulma | nary. | Tuleu | elais | . byean |
| 1 | | | complication which | caused death.) | DUE TO | | 4 | | | 0 |
| G INK. | ATION | RISE TO | S OR CONDITIONS, THE ABOVE CAUSE (A. YING CONDITION L | STATING THE | (8) DUE TO | | | | | |
| UNFADING Physicians: | TIFIC | | п | | (C) | | | | | *** |
| UNF | CER | TRIBUTIN | SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION | NOT RELATED | | | | | | |
| H | CAL | 19a. DATE | OF OPERATION O | 198. MAJOR F | INDINGS OF OPER | | | | | 20. AUTOPSY? |
| Y, WITH | MEDIC | | ENT. SUICIDE. (Specify) | | E OF INJURY (e. g., i. ,factory,atreet,office bidg., | | | in Baltimore C | ity, give | exact location) |
| ally. | | 21D. TIME OF INJURY | (Month) (Day) (Year | WHI | LE AT NOT WHILE | | YAULNI DIC | OCCUR? | | |
| re Pespecia | | | y certify that I at live on 2-22 | | | | | | | at I last saw the ate stated above. |
| 3 | | 70 | olus P. M | luck) | M. D. | 1227 C | Vaile | Blaid | 1 | 26 SIGNED |
| PLEASE W | TIC | 2 Cur | CREMA- Specify) | 26/57 | nul Co | PY OR CREMATOR | 1 | A Co | Mc | of |
| PL1 corr | F | EB 261 | REGISTRAR | SSIGNATURE | diame, Alit | 1 Sou | ah 1 | Rome | ~ AD | 13B |
| | | VS 150 | | 18 5. 1 | 683 52 | 183/ | 08W- | maily | on | eny SV |

1227 Wast Alval No John P berlock Ol 3 3 40 913689



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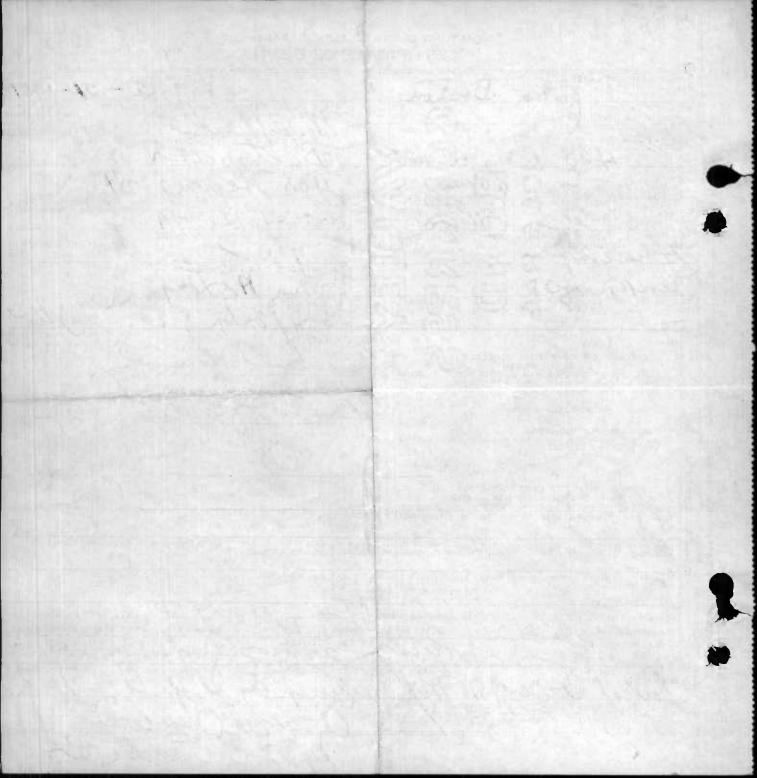
| 51. | 1835 |
|-------------|----------|
| Suff will a | J. C. C. |

BIRTH NO.

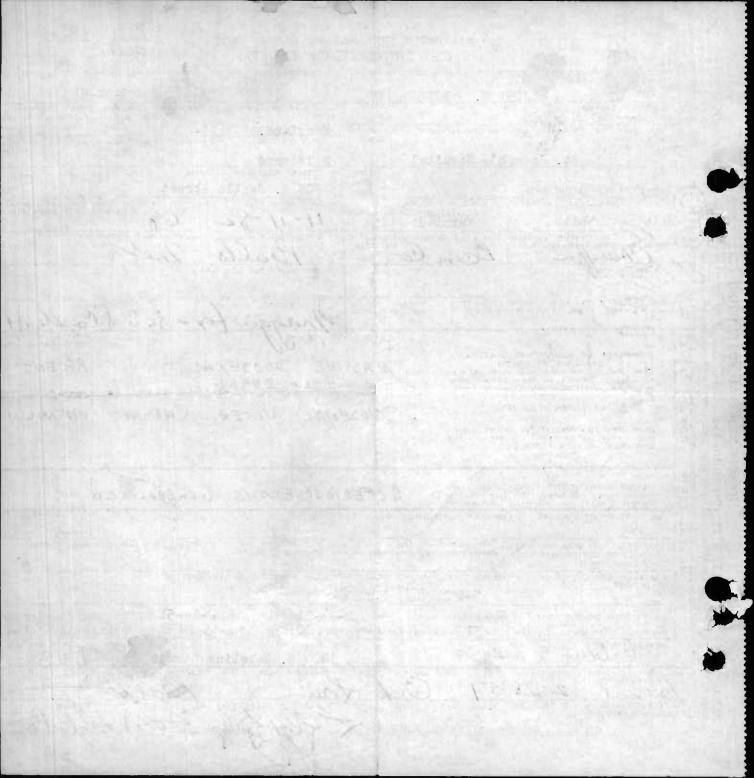
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

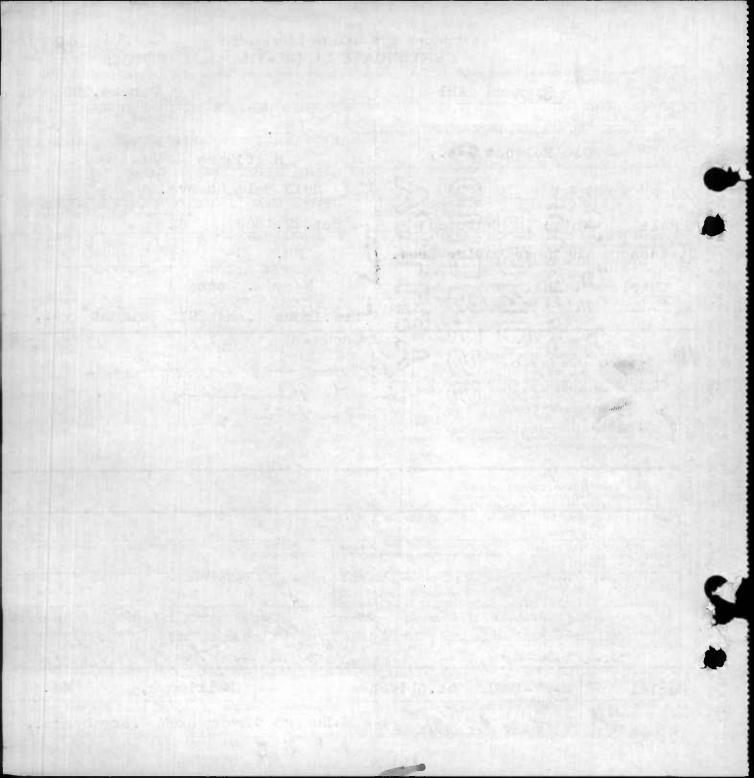
51 Registered No.

| | 1. NAME OF DECEASION BOTTOM | 2. DATE OF DEATH 2 | - 21-1951 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| 11_ | 3. PLACE OF DEATH: a. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived B. COUNTY | . If institution : residence before admission) |
| | B. FULL NAME OF (Not in hospital or institution, give street address or HOSPITAL OR location) | C. CITY OR TOVING (If outside corporate li | mits, write RURAL and give |
| - | 400 / FEAVER OF YES. | D. STREET ADDRESS (If rural, give location) | 12-04 |
| | c. Length of stay in Baltimore 60 / ro Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. | 405 Heaven | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |
| | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 3-26-1872 7 Jast hirthday) | If Under 1 Year Hours Months Days Hours Min. |
| | OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12 CITIZEN OF WHAT COUNTRY? |
| 1 | 3. FATHER'S NAME | 14 MOTHER'S MAIDEN NAME | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. | 7 NFORMANT | ADDRESS I A SX |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | OF DEATH HEREIN | INTERVAL BETWEEN ONSET AND DEATH |
| | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING | Come naplutes | 24. |
| | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| | 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER | RATION | 20. AUTOPSY? |
| | 21a. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (c. g., i about bome, farm, factory, street, office bldg., | n or 21C. WHERE DID (If in Baltimore Cit | y, give exact location) |
| | Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT WORK AT WORK | | |
| | 22. I hereby certify that I attended the deceased from deceased alive on 2/2/, 19 5/, and that death occur | 11 2 | I, that I last saw then the date stated above. |
| | 23A. SIGNATURE PSILES M. D. | 2829- Serfol | 23E. DATE SIGNED |
| | DATE RECEIVED BY REGISTRAR'S SIGNATURE | RY OR CREMATERY 24d. LOCATION (City, to | wn, of county) (State) |
| | VS 150 | Carper Cande | ne 131a |
| | 100 | 1. 8. 1919 De 1 man | 4 01/2 |



| | 20 | 1 1836 | PAI TIMODE CITY U | EALTH DEPARTMENT | 51 | 1836 |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| | RTH NO. | 1000 | | E OF DEATH | Registered No. | |
| 1. | NAME OF D | DECEASED | | | 2. DATE | |
| | PLACE OF I | | IN W. KING | II A LICIAL DECIDENCE (| OF DEATH 2-24- Where deceased lived, If insti | J |
| A. | Baltimore | City, Maryland | | A. STATE | B. COUNTY | before admissi |
| H | FULL NAME OSPITAL OR ISTITUTION | OF (II not in nospin | al or institution, give street address o location | | If outside eorporate limits, wr | rite RURAL and s |
| H | | St. Josep | h's Hespital | Baltimore | 2-01 | townsl |
| 1 | Tonath of | -t : D-14* | Yrs. Mos. | D. STREET ADDRESS (I | | |
| | SEX | stay in Baltimore | 7. SINGLE, MARRIED, | 308 S. Castle | 9. AGE (in years) H Under | I Year If Under 24 H |
| _ | Male | White CUPATION (Give kind of | WIDOWED, DIVORCED (Specify Married 108. KIND OF BUSINESS OR | 11-11-52 | last birthday) Months | Days Hours M |
| rork | done during most | of working life, even if retired) | Bourn Cor. | Ballo | - mal. | WHAT COUNT |
| 13 | . FATHER'S | NAME | Thucking | 14. MOTHER'S MAIDEN N | | |
| 15 | . WAS DECEAS | ED EVER IN U. S. ARME | D FORCES? 16. SOCIAL | 17. INFORMANT | | |
| Yes | s, no or unknown) | (If yes, give wer or date | security No. | margie 7 | ev- 308 1.0 | asthe d |
| | 18. 54 | 11.0 | CAUSE | OF DEATH | | INTERVAL BETWI |
| | DISEA | SE OR CONDITION | | CHE DUATE | 11 (1 m m | |
| 01 | (This doe | s not mean the mode of | f duing a m | | | |
| | heart fail | ure, asthonia, etc. It mea | ns the disease, | SIVE DUODEN | 75 | RECENT |
| | heart fail injury or | ure, asthonia, etc. It mea complication which | ns the disease, caused death.) DUE TO | HEMORRHAGE | | MICENT |
| z | injury or | ure, asthenia, etc. It mes complication which of | ins the disease, caused death.) DUE TO | HEMORRHAGE ENAL ULCER, | 3 | |
| NOIL | DISEASE | ure, asthenia, etc. It mes complication which (ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) | ins the disease, caused death.) DUE TO BES FANY, GIVING STATING THE DUE TO | HEMORRHAGE | | |
| δ | DISEASE | are, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, 1 | ins the disease, caused death.) DUE TO BES FANY, GIVING STATING THE DUE TO | HEMORRHAGE | | |
| TIFICATION | DISEASE RISE TO UNDERL | ure, asthenia, etc. It mes complication which (ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA | raused death.) DUE TO BES FANY, GIVING STATING THE (C) | HEMORRHAGE ENAL ULCER, | CHRONIC | UNKNOW |
| ERTIFICA | DISEASE RISE TO UNDERL | ure, asthenia, etc. It mes complication which (ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA | FANY, GIVING STATING THE CO.ST. (C) | HEMORRHAGE | CHRONIC | UNKNOW |
| L CERTIFICA | DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE C | ure, asthenia, etc. It mes complication which (ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE OR CONDITION | FANY, GIVING STATING THE CO.ST. (C) | HEMORRHAGE ENAL ULCER, RIOSCLEROSIS, | CHRONIC | UNKNOWI |
| CAL CERTIFICA | OTHER STRIBUTION TO THE COLUMN | ure, asthenia, etc. It mes complication which (ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE OR CONDITION DE OPERATION 1 | TIONS CON- NOT RELATED I CAUSING IT. 9B. MAJOR FINDINGS OF OPE | HEMORRHAGE ENAL ULCER, RIOSCLEROSIS, | CHRONIC | 20. AUTOPSY YES X NO |
| DICAL CERTIFICA | OTHER STRIBUTION TO THE CONTRIBUTION TO THE CO | ure, asthenia, etc. It mes complication which (ANTECEDENT CAUS S OR CONDITIONS, I I I I I I I I I I I I I I I I I I I | TIONS CON- NOT RELATED I CAUSING IT. DUE TO (B) DUOD (B) (C) ARTE ARTE | HEMORRHAGE ENAL ULCER, RIOSCLEROSIS, RATION IB OF 21C. WHERE DID | CHRONIC | 20. AUTOPSY YES X NO |
| DICAL CERTIFICA | OTHER STRIBUTION TO THE COLLYING OCAUSE OF | ure, asthenia, etc. It mes complication which (ANTECEDENT CAUS S OR CONDITIONS, I I I I I I I I I I I I I I I I I I I | TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e.g., about home, ferm, factory, street, office bldg. | HEMORR HAGE ENAL ULCER, RATION In or 21c. WHERE DID 1NJURY OCCUR? | CHRONIC GENERALIZED (If in Baltimore City, give | 20. AUTOPSY YES X NO |
| DICAL CERTIFICA | OTHER STRIBUTION TO THE COLUMN | ure, asthenia, etc. It mes complication which complication which complication which complications, if the above cause (a) YING CONDITION LAST CONDITION LAST CONDITION CONDITION CONDITION COMPLICATION CONDITION COMPLICATION CONDITION COMPLICATION CONTRIBUTING CONTRIBUTING COMPLEX CONTRIBUTIONS COMP | TIONS CONNOT RELATED LOCAUSING IT. 9B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e.g., about home, ferm, factory, street, office bldg. | HEMORRHAGE ENAL ULCER, RATION In or 21c. WHERE DID 1NJURY OCCUR? RED 21f. HOW DID INJURE | CHRONIC GENERALIZED (If in Baltimore City, give | UNKNO W 20. AUTOPSY YES X NO |
| DICAL CERTIFICA | OTHER STRIBUTION TO THE COLUMN | LITE, asthenia, etc. It mes complication which (ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA STEPPE (A) TO THE ABOVE CAUSE (A) YING CONDITION LA STEPPE (A) TO THE DEATH BUT DISEASE OR CONDITION DENT WAS UNDER RECONTRIBUTING DEATH (Month) (Day) (Year) On certify that I attended to complete the condition of the contribution of the contr | TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. g., about home, form, factory, street, office bldg. (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE Th. WORK Ended the deceased from | HEMORR HAGE ENAL ULCER, RATION In or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURE 224-51 19 to 10 10 10 10 10 10 10 1 | CHRONIC GENERALIZED (If in Baltimore City, give | 20. AUTOPSY YES No exact location) |
| DICAL CERTIFICA | OTHER STRIBUTION TO THE COLUMN | ANTECEDENT CAUSE S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) Or certify that I attlive on 2-24- | TIONS CONNOT RELATED CAUSING IT. 21B. PLACE OF INJURY (e. g., about home, ferm, factory, street, office bldg. (Hour) 21E. INJURY OCCURF MHILE AT WORK ended the deceased from cand and that death occur, and that death occur. | HEMORR HAGE FNAL ULCER, RATION In or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURE 224-51 , 19 , to Irred at 10:45pm., from | CHRONIC GENERALIZED (If in Baltimore City, give RY OCCUR? 2-24-51 , 19 , the causes and on the decays and on the decays and on the decays are also as a second control of the decays and on the decays are also as a second control of the decays are a second control of the decays and on the decays are a second control of the deca | 20. AUTOPSY YES No exact location) at I last saw ate stated abo |
| DICAL CERTIFICA | DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE COLUMN TO T | ANTECEDENT CAUSE S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) Or certify that I attlive on 2-24- | TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. g., about home, ferm, factory, street, office bldg. (Hour) 21E. INJURY OCCURF M. WHILE AT NOT WHILE M. WORK WORK WORK WEEN AND WORK WORK WORK WORK WORK WORK WORK WORK | HEMORR HAGE FNAL ULCER, RATION In or 21c. WHERE DID NJURY OCCUR? RED 21f. HOW DID INJURE 2-24-51 , 19 , to tred at10:45pm., from 236. ADDRESS | CHRONIC GENERALIZED (If in Baltimore City, give RY OCCUR? 2-24-51 , 19 , the causes and on the decauses and on the decause and decause | 20. AUTOPSY YES NO exact location) at I last saw ate stated abo |
| MEDICAL CERTIFICA | OTHER STRIBUTION TO THE COLOR OF INJURY 21A. ACCILLYING OF INJURY 22. I hered deceased at 23A. SIGNA | LITER ASTRONIA, etc. It mest complication which (ANTECEDENT CAUSE (A) SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA BIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING OF CONTRIBUTION OF | TIONS CONNOT RELATED CAUSING IT. 21B. PLACE OF INJURY (e. g., about home, ferm, factory, street, office bldg. (Hour) 21E. INJURY OCCURF MHILE AT WORK ended the deceased from cand and that death occur, and that death occur. | HEMORR HAGE FNAL ULCER, RATION In or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURE 2 24 51 19 to Irred at 10:45pm., from 236. ADDRESS 1400 N. Careline | CHRONIC GENERALIZED (If in Baltimore City, give RY OCCUR? 2-24-51 , 19 , the causes and on the decauses and on the decause and decause | 20. AUTOPSY YES NO exact location) at I last saw ate stated abo 3c. DATE SIGNI |
| MEDICAL CERTIFIC | OTHER STRIBUTION TO THE COLOR OF INJURY 21A. ACCILLYING OF CAUSE OF INJURY 22. I hered deceased at 23A. SIGNA | LICE ASTRONIA, etc. It mes complication which (ANTECEDENT CAUSE (A) SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA BIGINIFICANT CONDITION LA BIGINIFICANT CONDITION OF OPERATION 1 DEATH (Month) (Day) (Year) OF CONTRIBUTING DEATH (Month) (Day) (Year) OF CREMA- 24B, DATE Specify 24B, DATE Specify 24B, DATE CREMA- 24B, DATE COMPOSITION 1 CREMA- 24B, DATE CREMA- 24B, D | TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. g., about home, ferm, factory, street, office bldg. (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE WORK 24C. NAME OF CEMET | RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURE 224-51 19 to 10 10 10 10 10 10 10 1 | CHRONIC GENERALIZED (If in Baltimore City, give by OCCUR? 2-24-51, 19, the causes and on the decauses and on the decause and decause an | 20. AUTOPSY YES NO exact location) at I last saw ate stated abo 3c. DATE SIGN 2/24/51 ounty) (State |
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INTERVAL BETWEEN ONSET AND DEATH

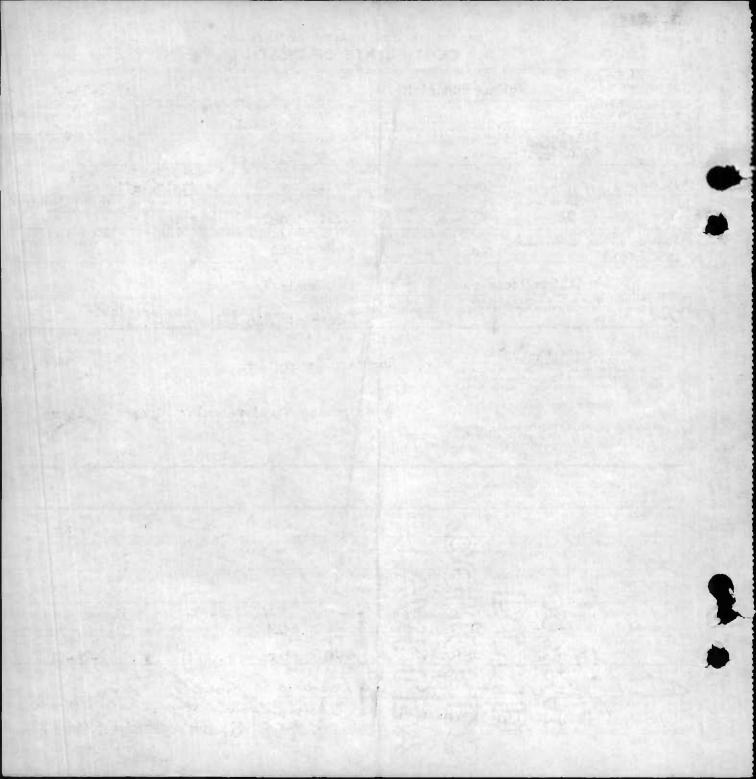
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20. AUTOPSY

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INTERVAL BETWEEN

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| 3. | NAME OF DE Type or Print). PLACE OF DE Baltimore Ci | AUL DA | AVIS | Bound | 4. US | | - 00.111 | . 24, 1951 If institution; residence before admission) |
| B. H. | FULL NAME O | | | ion, give street addres locat | sor | Marylan | a | nits, write RURAL and give |
| | | ay in Baltimore | | lfe M | os. 221 | 7 E. Nort | | 607.19. 160. 210 |
| | M | W UPATION (Givekindo) | Marrie | E. MARRIED, ZED, DIVORCED (Spe DO OF BUSINESS OF | Marc Marc | h 1, 1888 | 62 | Months Days Hours Min. |
| World H | Elevator 3. FATHER'S NA | Operator | | Bldg. | Mar 14. MC | yland OTHER'S MAIDEN | | USA WHAT COUNTRY |
| 15 (Ye | James Boy 5. WAS DECEASED 98, no or unknown) | EVER IN U. S. ARME (If yes, give war or date | D FORCES? es of service) | 16. SOCIAL 218-14-99 | 17. IN | known FORMANT 2217 . Mamie B | E. North | Avenue - 13 |
| IFICATION | (This does heart failure injury or of A | C OR CONDITION C DEA not mean the mode e, asthenia, etc. It me complication which complication which or CONDITIONS, E ABOVE CAUSE (A) NG CONDITION L | of dying, e. gans the diseas caused death SES | E, (A) | Com | one of | clusion lung | INTERVAL BETWEEN ONSET AND DEATH |
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| MEDICAL | 21A. ACCIDEN HOMICIDE | IT, SUICIDE, (Specify) | | ACE OF INJURY (c. | | G. WHERE DID JURY OCCUR? | (If in Baltimore City | YES NO , give exact location) |
| Σ | 21D. TIME (M OF INJURY | ionth) (Day) (Year | | 21E. INJURY OCCU | HILE | F. HOW DID INJU | RY OCCUR? | |
| | 22. I hereby deceased alia 23A. SIGNATU | ve on febr 24 | tended the 1,1951. | | curred at | 3 Pm., from | Feb 24, 19 the causes and on | the date stated above |
| TI | 4A. BURIAL, CF ON, REMOVAL (Sp burial | 2/28/5 | 1 | Baltimore | ETERY OR C | REMATORY 240. | LOCATION (City, tow | |
| Lo | FEB 261 | REGISTRAR | SIGNAT | Misers No W | HAN | SANDER TO 13, MI | sons, in | Jandle |
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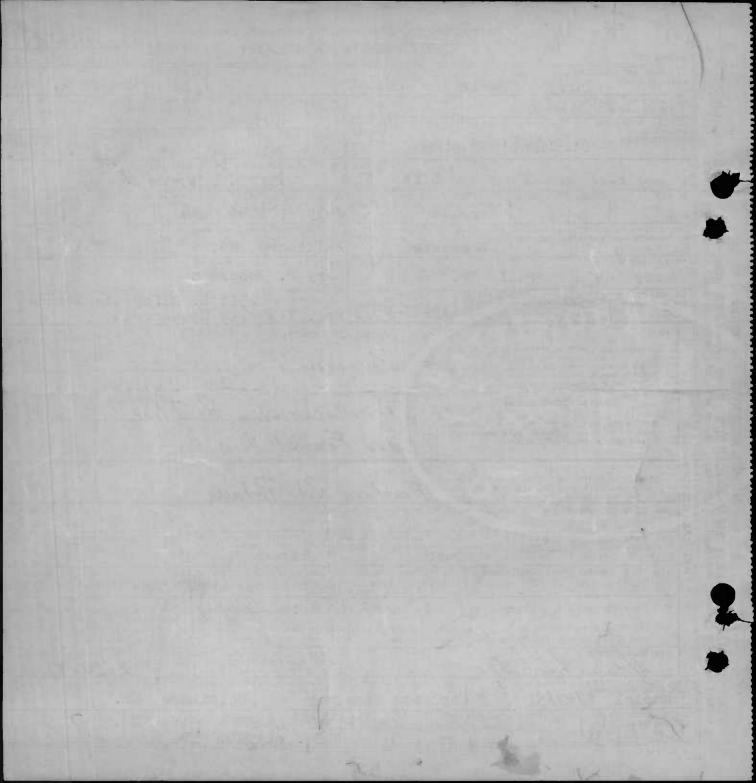
BALTIMORE CITY HEALTH DEPARTMENT

5-9 124

| BIRTH NO. | CERTIFICAT | E OF DEATH | Registered No. | 2,2,4 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|-------------------------------------|
| | vis CARROLL | | 2. DATE OF February | |
| 3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF f not in hospital or in | institution. Give street address or | 4. USUAL RESIDENCE (WA. STATE Maryland | here deceased lived. If institu B. COUNTY | tion: residence before admission |
| HOSPITAL OR INSTITUTION St. Joseph's | location) | - V | outside conserate limits, write | RURAL and g |
| c. Length of stay in Baltimore | Life Yrs. Mos. Days | b. STREET ADDRESS (If : 2313 E. L. | rural, give location) afayette Avenue | |
| | SINGLE, MARRIED, VIDOWED, DIVORCED (Specify) Arried | 8. DATE OF BIRTH July 2, 1896 | 9. AGE (In years Unds 1) 1 St birthday) Months L | Year It Under 24 Ho Days Hours M |
| ork done during most of working life, even if retired) Salesman | KIND OF BUSINESS OR INDUSTRY Homewares | Baltimore, Md. | UŠ | HAT COUNTS |
| Harry Davis Carroll, | Sr. | Mary P. Robers | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or nnknown) (If yes, give war or dates of ser | 16. SOCIAL rvice) 213-07-7833 | Mrs. Isabelle | | Avenue |
| DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy) heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. | ing, e. g., (A) July, e disease, de death.) DUE TO | nowary Emboli nbophlebilis V Femoval Vein | | |
| OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU | NS CON. RELATED FYACTUVE | R.J. Patella | | |
| 19a. DATE OF OPERATION 19B. M | MAJOR FINDINGS OF OPER | | Y | es X No |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH. | IB. PLACE OF INJURY (e. g., in at home, farm, factory, etreet, office bidg., a Public | oor 21c. WHERE DID (Int.) INJURY OCCUR? Unknown | f in Baltimore City, give ex- | act location) |
| 21b. TIME (Month) (Day) (Year) (Hour OF INJURY 1951 | r) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK | | occuri ee against brak | e of tru |
| 22. I certify that I took charge o the evidence obtained by said and death in my opinion resu | f the remains described a Autopsy, Inspection or I | nquiry, find that said de | espection or Inquiry ceased died on the day | reon and from stated aborrmined |
| 23A. SIGNATURE VSOITH | | | XAMINER 23c. DAT | |
| 24A. BURIAL CREMA- 246. DATE TION REMOVAL (Specify) Durial 2/27/51 | Parkwood Cemete | | CATION (City, town, or cour | nty) (State |
| DATE RECEIVED BY REGISTRAR'S SIGNED TO STREET STREE | | HENRY SANDER & BALTO. 013 MDQ | SONS, INO. ADDE | RESS |
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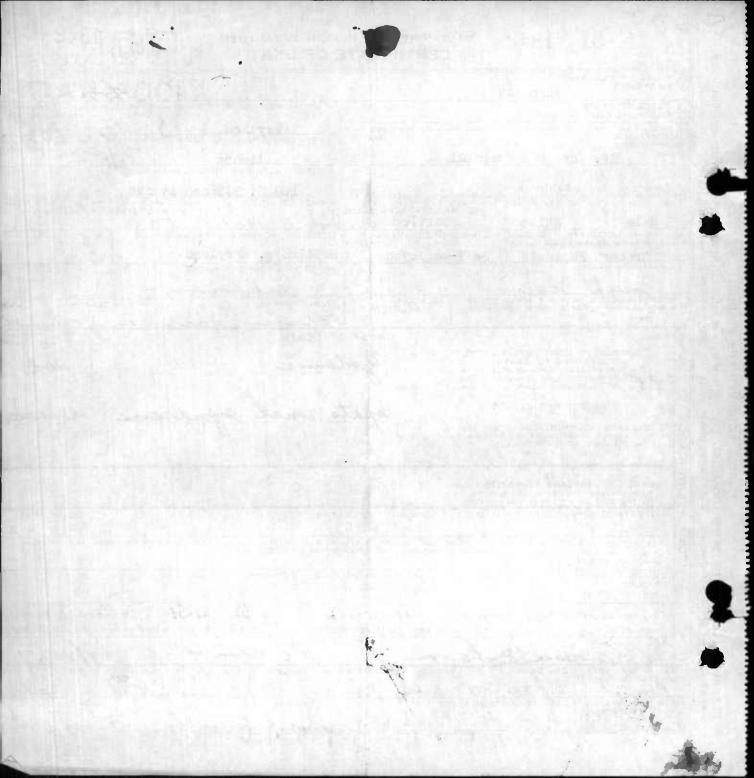
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51 1842 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF John Sas 2-25-51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital Baltimore e fibly Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 103 S. Fllwood Avenue 9. AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) White Jan. 1-1901 Male Married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clear work dane during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland Grocery Business Self-employed death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, nn oy unknown) (If yes, give war or dates nf service) do of 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes 83.1 INTERVAL BETWEEN 18. CAUSE OF DNSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH
(This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Physicians: please RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ы Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. EDICA NO X YES 21B. PLACE OF INJURY (e. g., in mr 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK ecia 22. I hereby certify that I attended the deceased from 2/23. 2/25/ . 19 5. that I last saw the . 19_ esp deccased glive on and that death occurred atm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS MATE SIGNED avvence 24A. BURIAZ, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or younty) (State) Durial DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR



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PLEASE

1843 51 1843 BALTIMORE CITY HEALTH DEPARTMENT Registered No .. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED Wiola Blackwell. 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) man B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give iocation) Yrs. Mos. c. Length of stay in Baltimore Days 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED DATE OF BIRTH Il Under 1 Year M Under 24 Hours iast birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Widow 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Donewich 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING UT. OPERATION EINDINGS OF 19A. DATE OF OPERATION O 19B. MAJOR 20. AUTOPSY 4 21A. ACCIDENT, SUICIDE. 2.18. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? Ш 21b. TIME (Month) OF INJURY (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from and that death deoresed up The bodies on the date stated above deceased allve on 1 . 23A_SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) CEMETERY OR CREMATORY KOCATION (City, town, or county) Runal DATE RECEIVED BY LOCAL REGISTRA VS 150

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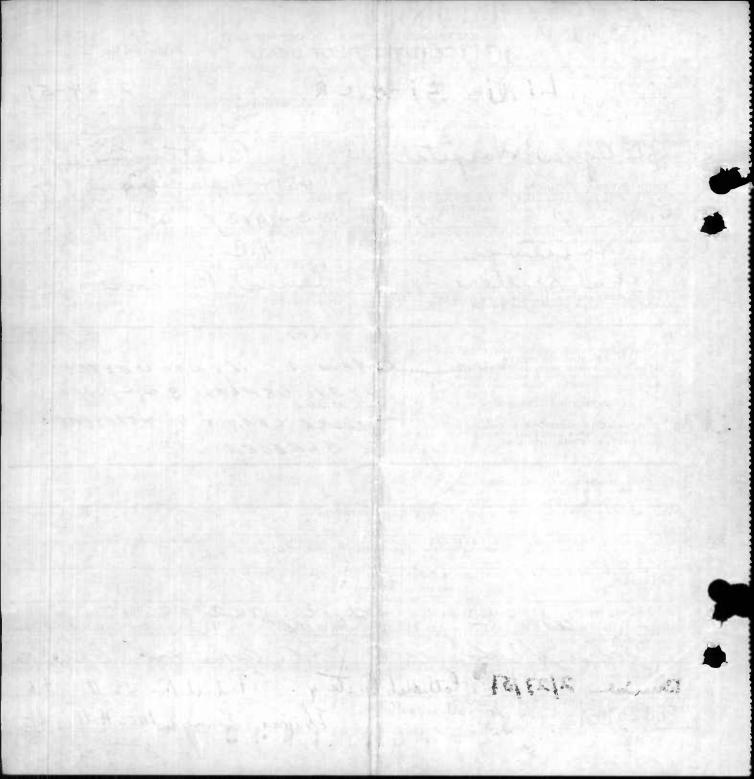
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| | | NAME OF DECEASED Liplie Lind? | er 2. DATE OF DEATH 2- | 24-51 |
| Thomas and a | Α. | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If inst | titution: residence before admission) |
| 2 | | FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location | | |
| y. | | St. agnes Hospital. | C. CITY OR TOWN (If outside corporate limits of | rite RURAL and give township) |
| ibly | 4 | Yrs. Mos. | D. STREET ADDRESS (If rural Agin location) | TO YOU |
| 2 | | Length of stay in Baltimore Days | TOIT Manar el | U TOO |
| and | 5. | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify | 8. DATE OF BIRTH 9. AGE (In years last birthday) 10-3-1905 4 Month | er I Year s: Days Hours: Min. |
| clear | 10 wark | A. USUAL OCCUPATION (Give kind of doneduring moses working life, even if retired) INDUSTR | 11. BIRTHPLACE (State or foreign country) 12 | CITIZEN OF WHAT COUNTRY? |
| 9 | 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| death | | John Spiller | daura Robinso | n |
| se of | (Yes | WAS DECEASED EVER IN U. S ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDI | RESS |
| causes | П | 18. / 7 / X CAUSE | OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| the | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | | |
| | | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | EMIA - INY DAS WERE | TEA |
| write | | ANTECEDENT CAUSES | VARINEE NEPLAOSISE CY. | 5710 |
| please | z | | NCER CEAULY & META. | |
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| ns: | ICA | (c) | BLADOER | |
| Physicians | TIF | | | |
| 1ys | 띰 | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED | | |
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| ani | OA | l ale Blace of IVINDY / | t less warene out that have | YES NO L |
| important | IEDI | 218. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg. | | exact location) |
| 1.5 | - | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY | | |
| 4 | | m. WHILE AT NOT WHILE AT WORK AT WORK | | |
| Spec | | deceased alive on 24 , 1967, and that death occur | 12 , 1951, to De 24 , 1967, to | hat I last saw the |
| G G | | | | ate stated above. |
| | | Cothen He Shaw M.D. | Att. agun bord. | 2/24/51 |
| a | 24 TIO | NA. BURIAL, CREMA- 246, DATE 24C. NAME OF CEMET | ERY OR CREMATORY 240. LOCATION (City, town, or | county) / (State) |
| correct | DA | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR AL | DDRESS |
| cor | LC | TEBEZISTRAN REGISTRAN'S SIGNATURE | The mas . Leany de 1600 H | olling It |
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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

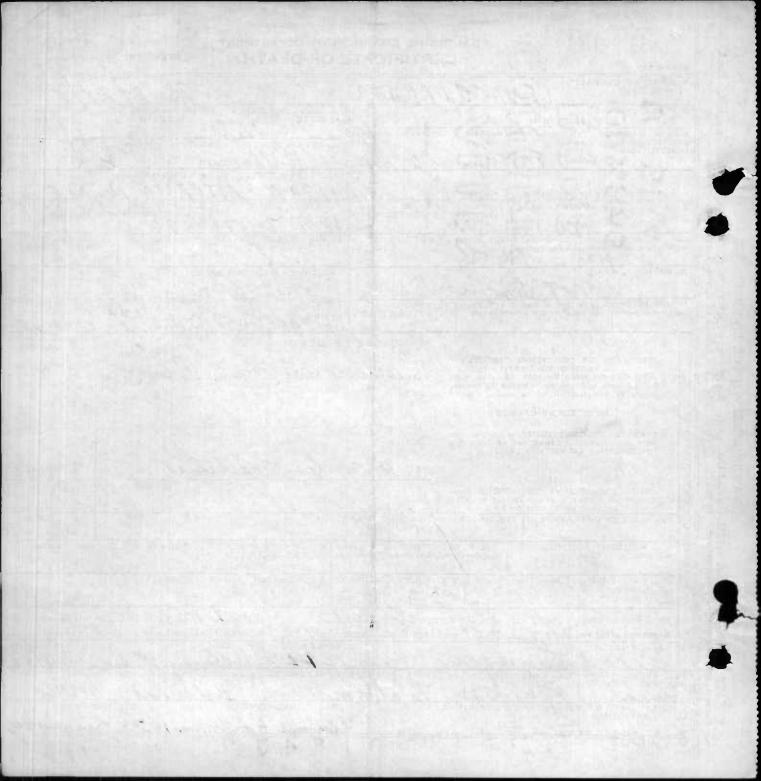


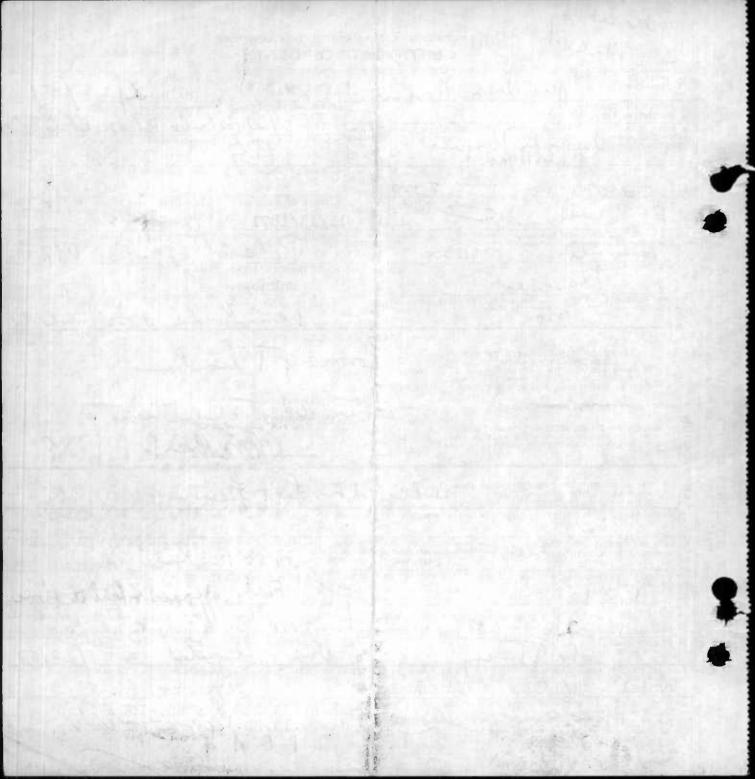
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| BIRTH | NO. | |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1845 Registered No.

| В | RTH NO. | | | CERTIFICATI | E OF DEATH | 2118.0111 | 4 110 |
|---------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------|-----------------------------------------|------------------------------------|-----------------------------------------|
| (1 | NAME OF D ype or Print) | LE | NA O | URRIER | | 2. DATE OF DEATH 2 | 124/51 |
| | PLACE OF D | City, Maryland | | | 4. USUAL RESIDENCE | (Where deceased lived B. COUNTY | |
| В. | FULL NAME | | ital or institut | tion, give street address or | | D. | -1/ |
| | OSPITAL OR | 000 N 00 | mera. | location) | c. CITY OR TOWN | (If outside corporate li | mits, write HIRAL and give township) |
| | 00-1 | 10 14- LH | 17 EKC | SON PIN AVE | Ballen | nor 0 | |
| | | | | Yrs. Mos. | D. STREET ADDRESS | (If rural, give location) | |
| | Length of s | tay in Baltimore | T SINGL | Days E. MARRIED. | 8. DATE OF BIRTH | 9. AGE (In years | If Under 1 Year It Under 24 Hours |
| | F | W | WIDOV | VED, DIVORCED (Specify) | | | Months Days Hours Min. |
| | | CUPATION (Give kind of working life, even if retire | | O OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13 | FATHER'S | | , | | 14. MOTHER'S MAIDEN | NAME | |
| | | not h | now | | not k | non | |
| | . WAS DECEAS | ED EVER IN U. S. ARM (If yee, give war or de | | 16. SOCIAL | 17. INFORMANT | 10 | ADDRESS |
| 110 | e, no or ooknowo, | (2) 300, 8210 Hai of de | see of service) | SECURITY NO. | ELIZABETH ! | BURRIEI2 12 | PATTERSIN PIE |
| | 18. 26 | 60× | | CAUSE | OF DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| | DISEA | SE OR CONDITION | | a. to | rionclerote | C 11 10 | Cura |
| | heart failt | s not mean the mode are, asthenia, etc. It m complication which | of dying, e. eans the disea | se, | usucesue | C, O, O. | 3 700. |
| 7 | Z (B) | | | | | | |
| ATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | | | | | |
| 0 | | | | 2010 | beter mel | litus | R-411. |
| RTIFICA | | 11 | | (6) | acci, . ma | <u> </u> | g pos |
| CER | TRIBUTIN | SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION | T NOT RELAT | FD | ······································ | | |
| | | OF OPERATION | | FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| CA | | | | | | | YES NO 4 |
| EDIC | HOMICIDE | ENT, SUICIDE. (Specify) | about home, | ACE OF INJURY (e. g., i farm, factory, atreet, office bldg., | n or 21c. WHERE DID etc.) INJURY OCCUR? | (If in Baltimore Cit | y, give exact location) |
| 2 | | (Month) (Day) (Yes | r) (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID INJ | URY OCCUR? | |
| | OF INJURY | | m. | WHILE AT NOT WHILE | | | |
| | 22 I horek | as contifes that I a | | deceased from 12 | 112 194710 | 2/24 10 | 5 that I last saw the |
| | deceased a | live on 2/2-3 | 195/ | and that death occur | rred at 7 15 m. fro | | n the date stated above. |
| | 23 SIGNA | TURE | , ., | 2 | 38. ADDRESS | 11 01 | 23c. DATE SIGNED |
| | | all Vie | remo | INI. DI | 1276n.Va | llerson (1/2) | as 2/24/5/ |
| TI | AA. BURIAL, ON, REMOVAL (S | Specify) 248. DATE | 2/54 | 24c. NAME OF CEMETE | THY OR CREMATORY 24 | Rultan al | wn, or county) (State) |
| | ATE RECEIVE | D BY REGISTRA | R'S SIGNAT | URE | 25. FUNERAL DIRECT | OR | ADDRESS |
| | OCAL REGIST | Aller aside . | f= 1/11. | · | Mariner F He | Hmma 163 | 9 Brondway |



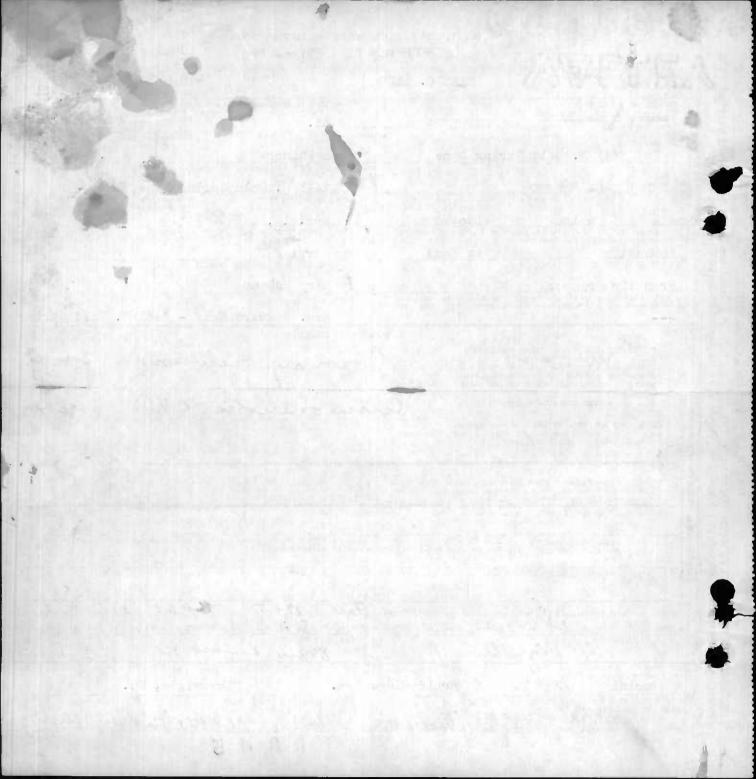


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| UNFADING | Physicians: |
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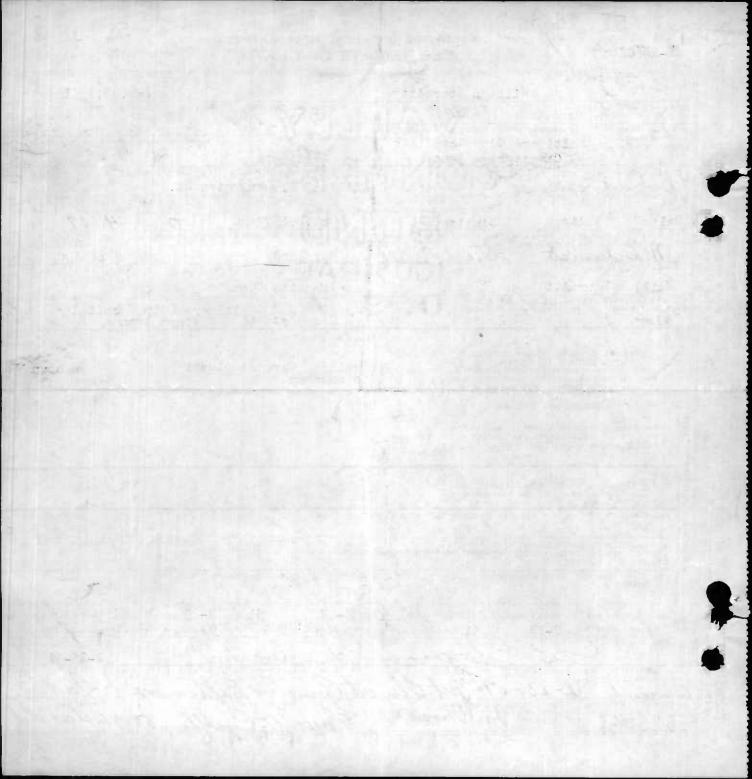
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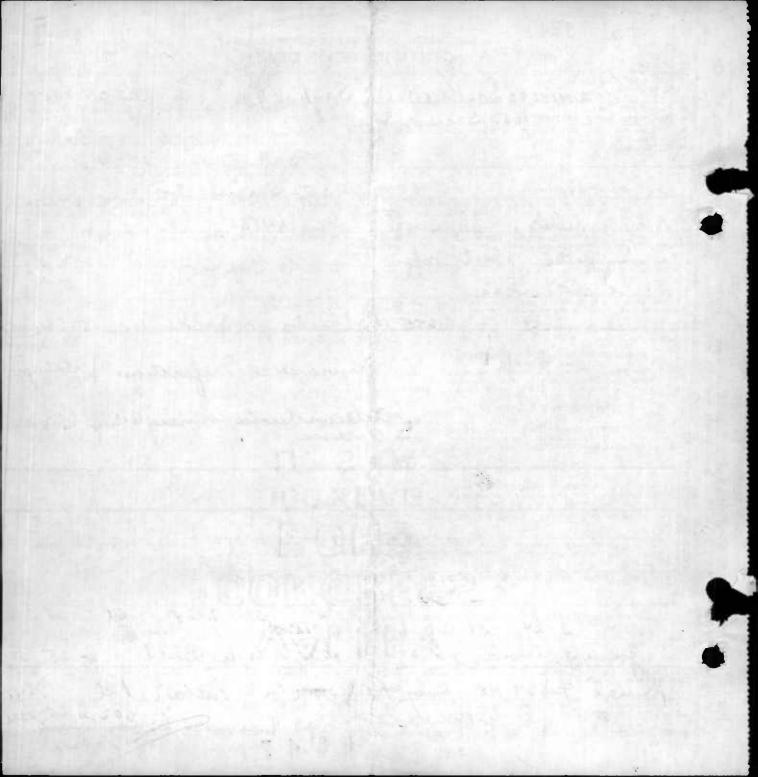
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE MARY O. LANG (Type or Print) Feb. 25, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) Md . (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2441 W. Cold Spring Lane Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 2441 W. Cold Spring Lane Days If Under 1 Year 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify e male white widowed Nov. 19. 1869 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired? INDUSTRY WHAT COUNTRY Housewife At Home Maryland -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin Creamer Mary McLean 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Stewart Wolf - 2441 W. Cold Spring CAUSE OF DEATH 23 DISEASE OR CONDITION DIRECTLY i oschertie CV.D. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTII П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK WORK 19. 19 57/ to 7 . 25, 1951, that I last saw the 22. I hereby certify that I attended the deceased from FW deceased alive on 1 x 24, 19-1, and that death occurred at 8 A.m., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 2/28/51 Druid Ridge Cem. Burial Pikesville. Md. DATE RECEIVED BY | REGISTRAR'S SIGNATURE 25 FRINERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

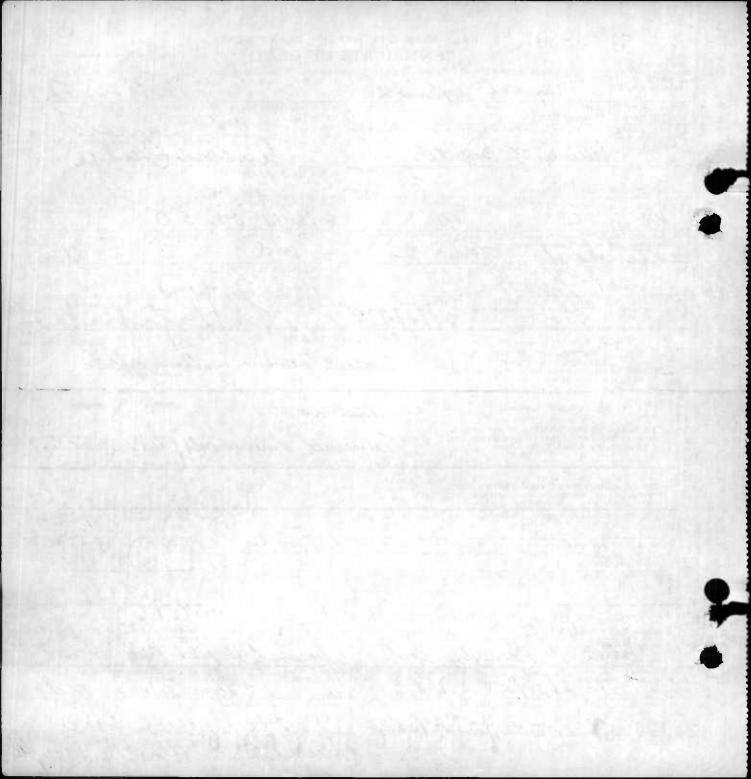


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| LY, WITH mportant. | LY, WITH UNFADING INK. Every item of information should be refully supplied important. Physicians: please write the causes of death clear, and regibly. | INK. | Ever | y item | of ind | ormat f death | ion s | la a | be nd h | efully. | supplied |
| | | | | | | | | | | | |

| | D-146026 | 1 1848 | | EALTH DEPARTMENT E OF DEATH | 51 Registered No. | 1848 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-------------------------------------------|
| 1. (Ty | NAME OF E | | lliam Sturbitt | | of Teb.23 | 1951 |
| A | PLACE OF DEBALTIMORE FULL NAME SPITAL OR | OF (If not in hospit | al or institution, give street address of | | here deceased lived. If ins | stitution : residence before admission |
| | STITUTION | | City Hospitals location ern Avenue | Baltimore o. STREET ADDRESS (If: | outside corporate limits, v | vrite RURAL and gi |
| | Length of s | tay in Baltimore | Life Mos. Days | 653 W. Lexingto | n St. | |
| M | ale | White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Single | Oct.4,1873 | last birthday) Month | der I Year Hunder 24 Hours Min |
| work | don during most | CUPATION (Give kind of of working life, even if retired) | Stel mile | Maryland | 1 | WHAT COUNTRY |
| | William | Sturbitt | | Isabella Cook | AME | |
| 15. (Yes, | MAS DECEAS | ED EVER IN U, S. ARMEI (If you, give war or date | D FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Baltin Records: 4940 H | ore City Hospi | resis |
| | 18. / | 99.8 I SE OR CONDITION | | OF DEATH | | INTERVAL BETWEE |
| (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO | | | | | | |
| z | | ANTECEDENT CAUS | (B) | | | |
| CATIO | RISE TO T | S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA | STATING THE DUE TO | | | |
| CERTIFIC | TRIBUTIN | II SIGNIFICANT CONDI S TO THE DEATH, BUT | NOT RELATED | | a Ski | |
| | | | 98. MAJOR FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| EDICA | | DENT WAS UNDER- R CONTRIBUTING DEATH | 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., | in or 21c. WHERE DID (I INJURY OCCUR? | f in Baltimore City, give | |
| Σ - | 210. TIME OF INJURY | (Month) (Day) (Year) | (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK | | OCCUR? | |
| | | | | 2-17 , 1951, to 2 | 2-23 , 1951, 1 | |
| | 23A. SIGNA | TURE . | 1 | 238. ADDRESS 4940 Eastern Avenu | | 23c. DATE SIGNED 2-25-51 |
| 73 73 | A, BURIAL, N, REMOVAL (S | 2-26 - | 5-1 Mt Oliver | Cameley Bal | CATION (City, town, or | county (State) |
| FE | CAL REGIST | | to Villiams, Mist | Sunu W. Com | Klin 5444/ | Below Rd |
| | VS 150 | | 1.29.5 11 10 | | Q . | 55E |

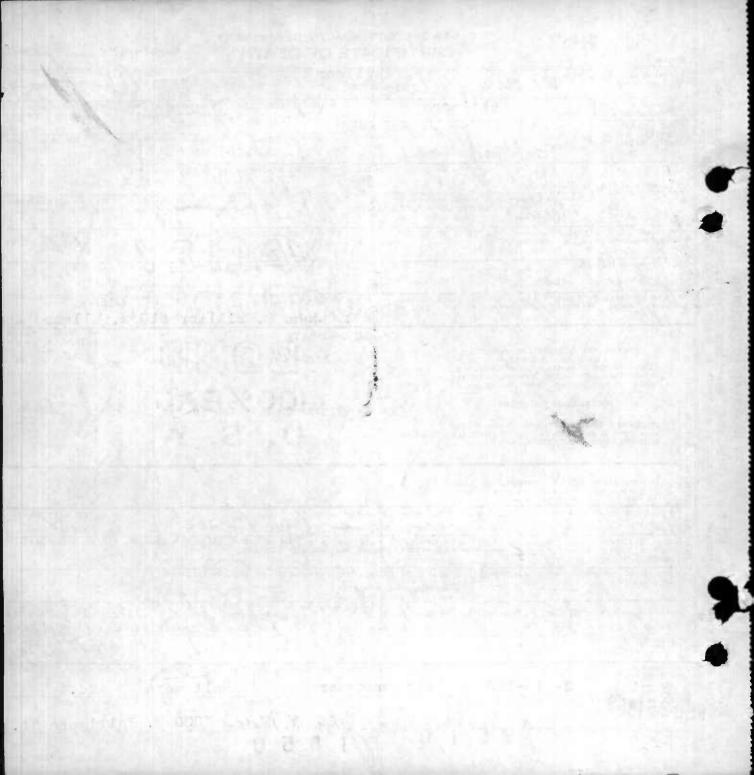






BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) TEMPO DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution, residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission B. FULL NAME OF If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give township HOSPITAL OR INSTITUTION efully Johns Hopkins Hospital paltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Biddle St. Days 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under I Year and last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female Colored 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF SINESS OR E (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY sh WHAT COUNTRY Vomestie information s of death cle 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED PORCES? (Yes, no or unknown) (If yes, give war or date of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. causes of CAUSE OF DEATH item ONSET AND DEAT DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (This does not mean the mode of dying, e.g., Rheumatic heart disease. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES i INK. Mitral valvulitis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) .. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT $\overline{\mathbf{0}}$ 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICAL YES important. 218, PLACE OF INJURY (a.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes \, accident \, suicide \, homicide \, undetermined \, ... S 234. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... Feb. PLEASE correct ag MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY TION_REMOVAL (Specify Durial NERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ORESS LOCAL REGISTRAR V S 151

Has the R to completion where fores at the time of least ? martin, quescent - a chime condition?



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195 / that I last saw the 2m., from the causes and on the date stated above. 23c. DATE SIGNED 270. LOCATION (City, town, or county) (State) ADDRESS

before admission)

If Under 1 Year

12. CITIZEN OF

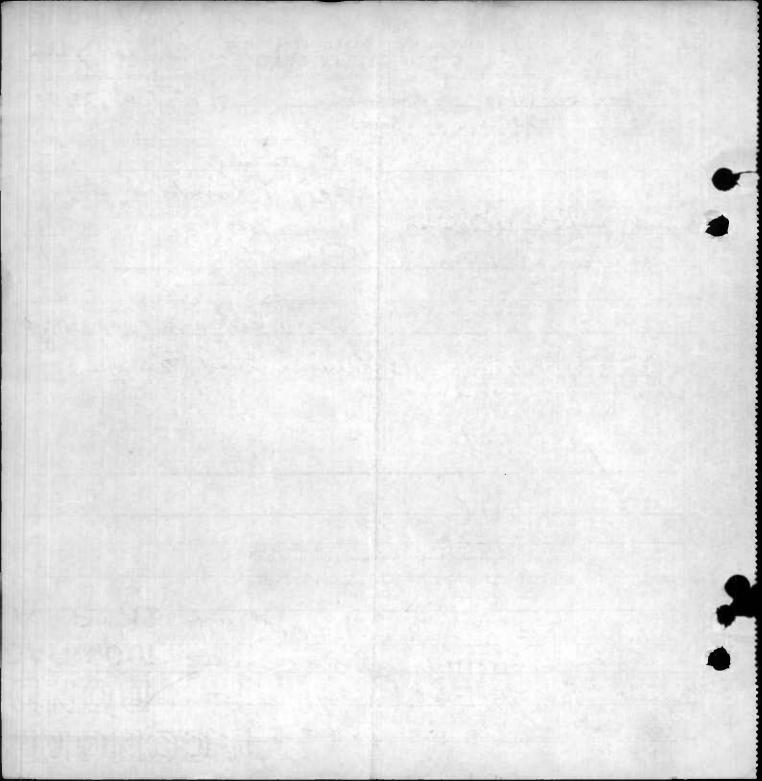
WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20, AUTOPS

township)

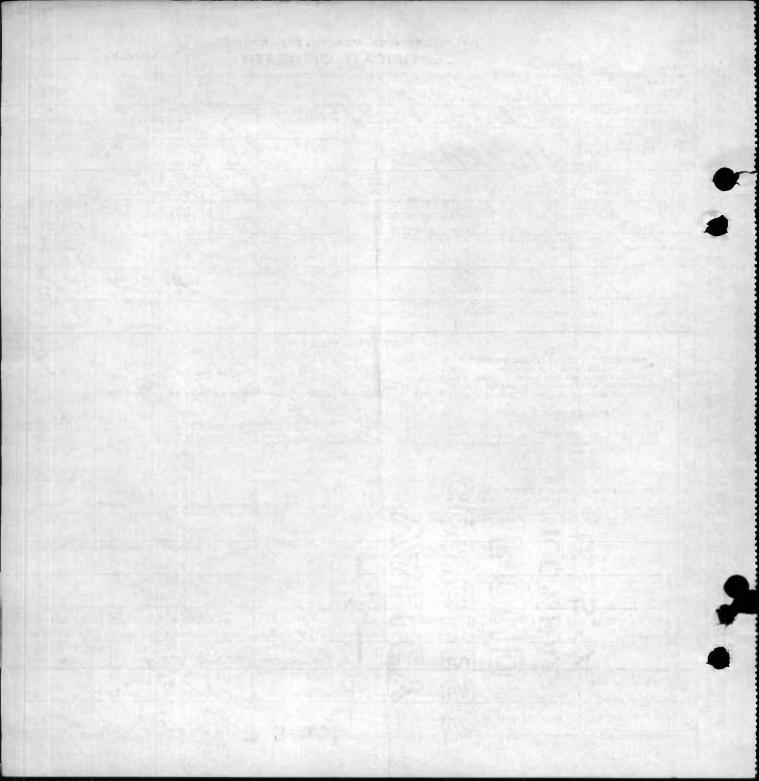


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before admission)

Registered No.

9. AGE (In years) If Under 1 Year last birthday) | Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT COUNT ADDRESS NIERVAL BETWEEN ONSET AND DEATH 36 hr. 50% 20. AUTOPSY (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? Feb. 26 1951, that I last saw the 23c. DATE SIGNED ADDRESS 401

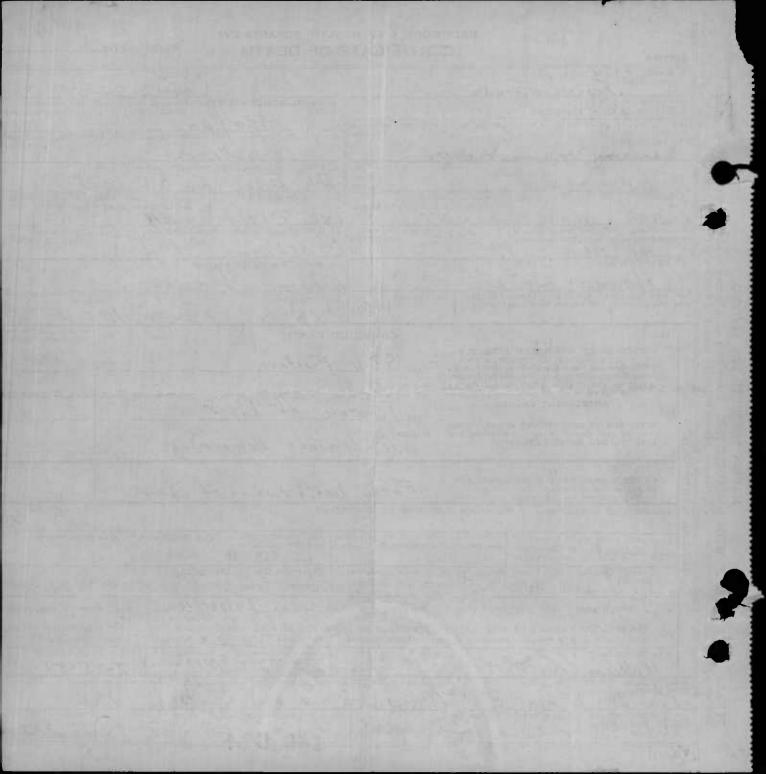


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| 1850 BALTIMORE CITY H | The Charles of the Control of the Co |
| BIRTH NO. | TE OF DEATH Registered No. |
| I. NAME OF DECEASED | I 2. DATE |
| (Type or Print) | OF A |
| 3. PLACE OF DEATH: | DEATH 2-24-5/ |
| A. Baltimore City, Maryland | A. STATE AA B. COUNTY before admi |
| B. FULL NAME OF ('f not in hospital or institution, give street address HOSPITAL OR location | |
| INSTITUTION | C. C. I TOWN (I dutaide to por ate minus, write hours and |
| Union man, Hosp. | DALTIMORE La |
| Yrs. Mos | |
| c. Length of stay in Baltimore Day | |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special | 8. DATE OF BIRTH 9. AGE (In years if Under l Vear last birthday) Months; Days Hours; |
| Female White MARRIED | Feb. 7-1914 34 |
| 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) , 12. CITIZEN OF |
| work done during most of working life, even if retired) HI WOME | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Have GoT- | 11.71. |
| 15. WAS DECEASED EVER IN U. SARMED FORCES? 16. SOCIAL | MILLIAN FORNEY |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT ADDRESS |
| | Mr. HARRY TRANKE- 411 = 20 |
| 18. E 978X | E OF DEATH INTERVAL BET |
| DISEASE OR CONDITION DIRECTLY | |
| (This does not mean the mode of dylng, e.g., (A) | 11 Fracture |
| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | |
| injuly of complication which caused death.) | |
| ANTECEDENT CAUSES | stave of Liver |
| 4 DISEASES OR CONDITIONS, IF ANY GIVING | 1.3.15 |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | dominal Hemory hage |
| (C) | 40 MINAI MEMOVY RAJE |
| <u>u</u> | |
| THE PROPERTY OF THE PROPERTY O | Isafil tradion of Liver |
| III TO THE DISEASE ON CONDITION GAOSING IT. | |
| U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE | ERATION 20. AUTOPS |
| 4 218 PLACE OF IN ILRY (e.g. | YES N |
| U 21A. EXTERNAL CAUSE WAS about home form foctory street office bid | s, in or 21c. WHERE DID (If in Baltlmore City, give exact location g.,etc.) INJURY OCCUR? |
| UTING CAUSE OF DEATH. Home | 411 E. 20th Street |
| ∑ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR | RRED 21F. HOW DID INJURY OCCUR? |
| Feb. 24, 1951 9:00 P.m. WHILE AT NOT WHILE AT WORK | Jumped from 3rd floor window to pavem |
| | |
| 22. I certify that I took charge of the remains described | Autopsy, Inspection or Inquiry |
| the evidence obtained by said Autopsy, Inspection or | r Inquiry, find that said deceased died on the day stated a |
| | ses 🗌, accident 🗀, suicide 🔀, homicide 🗀, undetermined 🗀 |
| 23A SIGNATURE | 23B. CHIEF MEDICAL EXAMINER |
| William Could's | M.D. MEDICAL INVESTIGATOR 1/2-Z3-3/ |
| 24a. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMET | TERY OR CREMATORY 24D. LOGATION (City, town, or county) (S |
| Durial 2/28/51 Marelan | a Tork Dallo Ind |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE / | 25. FUNERAL DIRECTOR ADDRESS |
| LOCAL REGISTRAR | (2.51.1.1) |

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BALTIMORE CITY HEALTH DEPARTMENT

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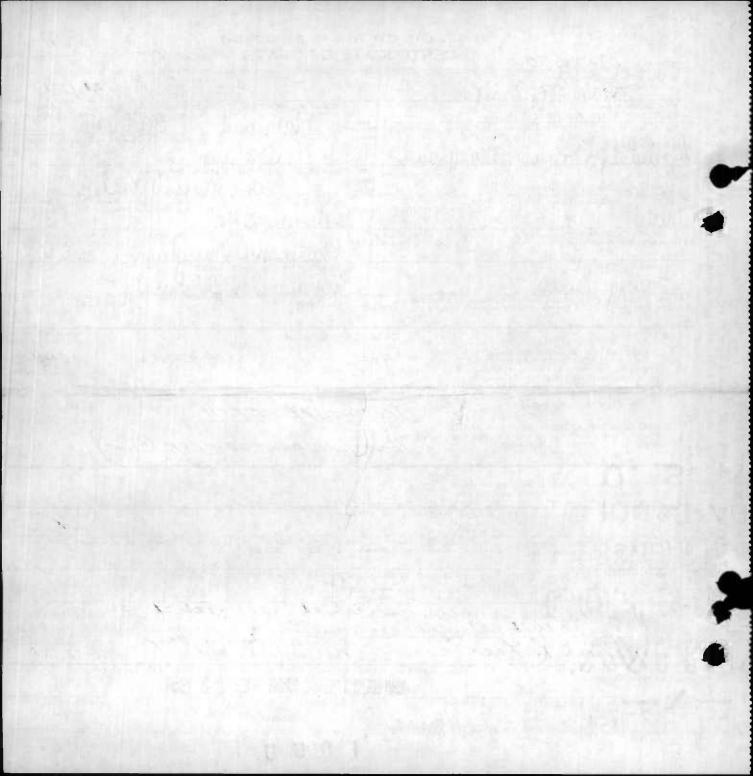
| В | IRTH NO. 57-04/70 | CERTIFICAT | E OF DEATH | Registered No. | 2 (7) 3 (|
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|------------------------------------------------|
| 1. (T | ype or Print) | | | OF FESSO | 22,1951 |
| Α. | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institu | ition give street address or | 4. USUAL RESIDENCE (W | here deceased lived. If ins | before admission) |
| H∧ | DAS BUT OF JAN HAMLE M MAL | location) | C. CITY OR TOWN (If | outside corporate limits, w | vrite RURAL and give township) |
| c. | Length of stav in Baltimore | Yrs. Mos. Days | | rural, give location) | 5300 |
| 5. | | E. MARRIED. WED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (1) years if Und last birthday) Month | er I Year If Under 24 Hours Is Days Hours Min. |
| 1 C | A. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired) | D OF BUSINESS OR INDUSTRY | BIRTHPLACE (State or fo | reign country) 12 | WHAT COUNTRY? |
| 13 | Stauly William | | 14. MOTHER'S MAIDEN NA | N. Harrislu. | |
| 15 (Ye | S. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. MFORMANT | ADD | RESS |
| | 18. 7625 | CAUSE | OF DEATH | | INTERVAL BETWEEN |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | ATEL | ECTASIS, BILL | ATERAL | 15+HKS |
| | (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat | se, | | | |
| | ANTECEDENT CAUSES | Pe-m | ATLIKE BIRTI | U | |
| TION | DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T | NG (B) / | *************************************** | *************************************** | |
| ICA | UNDERLYING CONDITION LAST. | (c) KEMAT | TURE ONSET OF LA | 980R (31WKS.) |) |
| ERTIF | OTHER SIGNIFICANT CONDITIONS CO | ED | | | |
| U | 19A. DATE OF OPERATION 19B. MAJOR | R FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| CAI | 1 212 5 | ACE OF INJURY | al ate WUEDE DID. /I | 6 in Polaine City | YES NO |
| MEDICAL | LYING OR CONTRIBUTING about home CAUSE OF DEATH | ACE OF INJURY (e. g., i , ferm, fectory, street, office bldg., | 21C. WHERE DID (I INJURY OCCUR? | f in Baltimore City, give | exact location) |
| | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURR | | OCCUR? | |
| | m. | WHILE AT NOT WHILE AT WORK | | | |
| | 22. I hereby certify that I attended the | e deceased from | Chr 21 195/, to 3 | rev. 22, 1951, 1 | that I last saw the |
| | deceased alive on Feb. 1957 | and that death oecus | rred at 7 P. m, from th | re eauses and on the | date stated above. |
| | deceased alive on Freb. 21, 1951 | ek M.D. | Baltimore, m | d. 7' | 2-22-51 |
| TI | 4A. BURIAL CREMA- ON, REMOVAL (Specify) | 24c. NAME OF CEMETE | | OCATION (City, town, or | |
| D | ATE RECEIVED BY REGISTRAR'S SIGNAT | 9 0 10 | 25 FUNERAL DIRECTOR | | DDBESS |

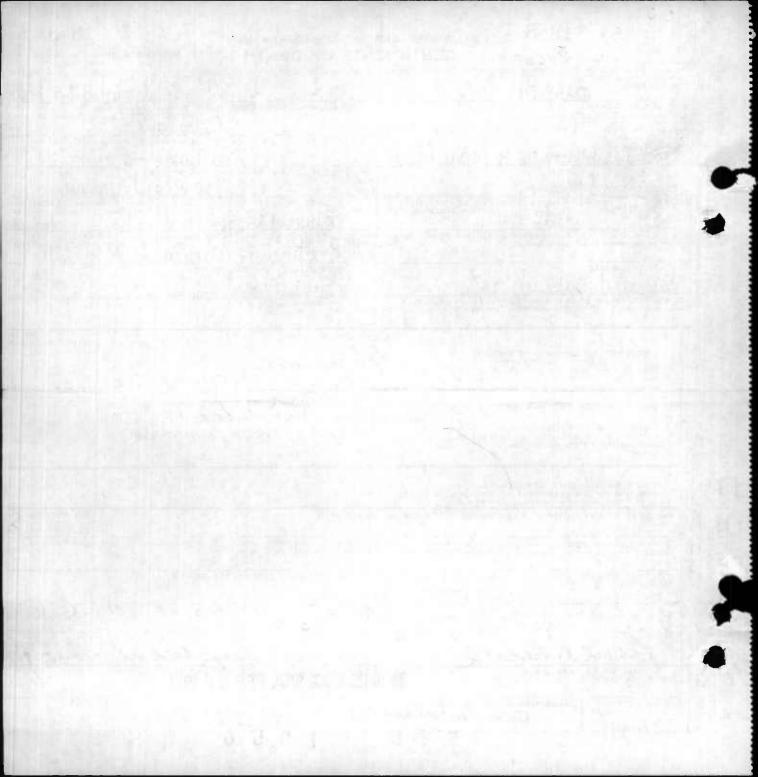
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expectally important. Physicians: please write the causes of death clear

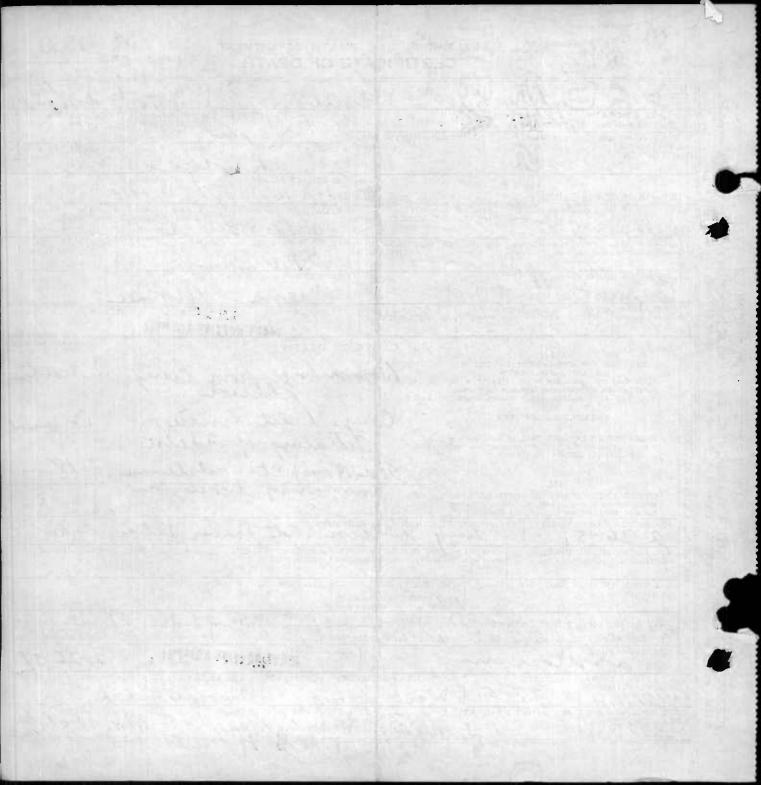
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| | | 51 1859 BALTIMORE CITY HE | EALTH DEPARTMENT | 51 | 1.859 |
| je Je | BI | CERTIFICATI | E OF DEATH | Registered No | |
| The | 1. | NAME OF DECEASED | | 2. DATE | , 0 |
| ed. | | ype or Print) Michael | aug: | DEATH TOUS. | 26/175/ |
| supplied. | 3. A. | PLACE OF DEATH: Baltimore City, Marylandon Company of the Company | 4. USUAL RESIDENCE (W | here deceased lived, If in | stitution ; résidence before admission) |
| ns / | HC | OSPITAL OR location) | | outside corporate limits, | write RURAL and give |
| ully s | IN | STITUTION | (akria | lae_ | township) |
| e cerimi | | Yrs. Mos. | | ural, give location) | |
| oe c | | Length of stay in Baltimore 26 Days SEX / 6.COLOR OR RACE 7. SINGLE, MARRIED, | " | An Circle | de 1 Very 1 Mart of the |
| band 3 | 2 | nale white WIDOWED, DIVORCED (Specify) | 10-19-44 | | der 1 Year hs Days Hours Min. |
| on sho | 10 work | A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY | 11. SIRTHFLACE (State or for | reign country) 12 | 2. CITIZEN OF WHAT COUNTRY? |
| atio | 13 | . FATHER'S NAME | 14. MOTHER'S MAIDEN NA | 1991 | |
| NDING information of death cl | | Cornect Gara | Irene | Moss | |
| BINDING of inform uses of dec | (Yes | . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 5. SECURITY NO. | 17. INFORMANT | | RESS |
| R BIN | - | | | IS HOSPITAL | INTERVAL BETWEEN |
| | | DISEASE OR CONDITION DIRECTLY | OF DEATH | 0 | ONSET AND DEATH |
| 中、中 | | (This does not mean the mode of dying, e.g., (A) | ortage from | lung | dente |
| Every write th | | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | alinen | - | |
| 2 | z | ANTECEDENT CAUSES | 2. heart des | in, | Consental |
| RESE G INK. | FICATIO | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST, | tralogy of 2 | laclot | |
| MARGIN UNFADING Physicians: | | OLM | 18 mo) Rt. Su | belavian | 18 mm |
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| Provid | AL | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER | in at Ion | a Lobe | YES NO |
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| LY, mpo | ME | | | | |
| F. ii | | OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE | ED 21F. HOW DID INJURY | OCCUR? | |
| iall | | m. WORK AT WORK | 121 1050 | 1 2651 | |
| rE especiall | | 22. I hereby certify that I attended the deceased from deceased alive on 2 26, 1951, and that death occur | red dt 195, to | ie causes and on the | that I last saw the |
| T. e | | | 3B. ADDRESS | | 23c. DATE SIGNED |
| E | 2/ | M. D. AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE | AND ILE | OCATION (City, town, or | county) (State) |
| | TIC | on, REMOVAL (Specify) 2-27-51 West 1- | | sboro, Ark | 4 |
| PLEAS | D/ | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR | A | DDRESS |
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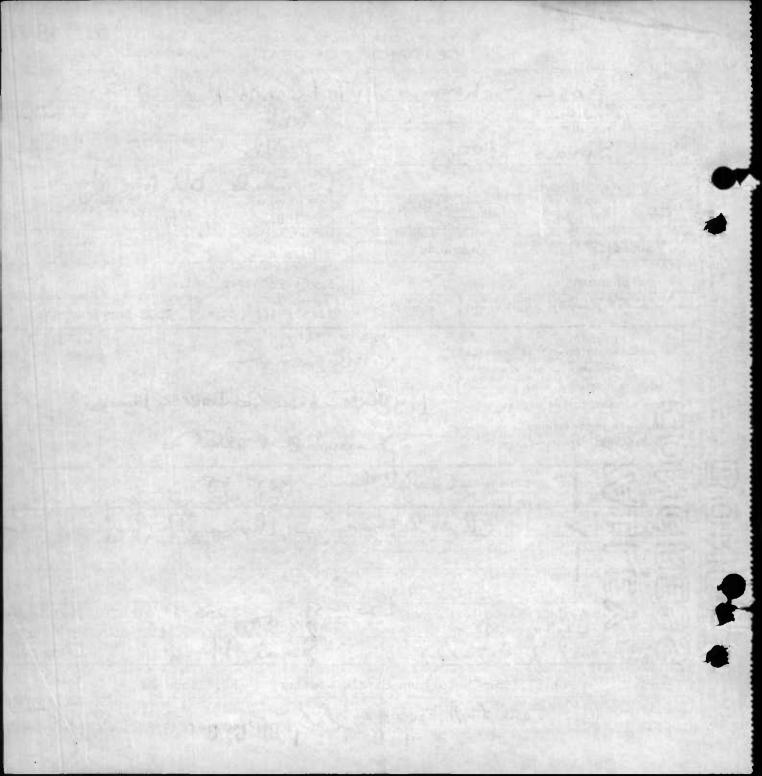
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| 1. (T | NAME OF D | NOSª. | Sch | nago or! | Titlemon) | 2. DATE OF DEATH 2- | 26-51 |
| Å. | | City, Maryland | | 0 | 4. USUAL REDDENCE (W | | f institution: residence before admission) |
| | FULL NAME OSPITAL OR | OF (If not in hospit | al or institut | ion, give street address or | T I I | - 12 | 3/ |
| IN | ISTITUTION | C | 110 | location) | C. CITY OR TOWN (If | outside corporate lim | its, write RURAL and give |
| 11 | 7 | dinas | Do. | R | Kall ? | OII MUNdA | WAN (township) |
| 1 | | | | Yrs. | D. STREET ADDRESS (If | rural, give location) | AND THE PARTY |
| | | tay in Baltimore | | Mos. Days | Levindale | DIL AS | Home |
| 5. | SEX | 6. COLOR OR RACE | 7 SINGL | MARRIED. | B. DATE OF BIRTH | 9. AGE (In years) | If Under 1 Year If Under 24 Hours |
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| 9.0 | A LICITAL OC | SUBATION (St. 11) | | | | 67 | |
| wor! | done during most o | CUPATION (Give kind of | 108. KINE | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | reign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | nousew | of morking life, even if retired) | own | home | Russia | | |
| 13 | FATHER'S N | IAME | | | 14. MOTHER'S MAIDEN NA | 1145 | USA |
| | | | | | | AIM E | |
| | | known | | | Freda Podhozer | | |
| 15 | . WAS DECEASE | D EVER IN U. S. ARMEI | D FORCES? | 16. SOCIAL | 17. INFORMANT | | ADDRESS |
| (Ye | s, no or unknown) | (If yes, give wer or date | of service) | SECURITY NO. | Miss Freida Schi | 200 2703 M | aryland Ave |
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| | 18. 56 | ρY | | CAUSE | OF DEATH | | INTERVAL BETWEEN |
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| | heart failu | re, asthenia, etc. It mea | ns the diseas | e, | | • | |
| | injury or | complication which | caused death | .) DUE TO | - 0 1 | | |
| 9 | Service of the Service | ANTECEDENT CAUS | SES | Hy Den | emplace (and | covace. Des | 6a. O |
| 7 | | | | 14 | | | |
| ō | DISEASES | OR CONDITIONS, I | F ANY, GIVIN | (B) | - | | |
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| 2 | | IGNIFICANT CONDI | | | ases bost o | R | |
| Ш | TRIBUTING | TO THE DEATH, BUT | NOT RELATE | D | 1000000 | - 10-14 | |
| O | | | | | 25-0 | ALL PARTY | |
| J | 19A. DATE O | F OPERATION 1 | 98. MAJ9 | FINDINGS OF PRER | ATION | 4 | 20. AUTOPSY? |
| Y | 2- | 70-71 | | ove xuch | esia Chola | eight the | TES NO |
| ă | 21A. ACCID | ENT WAS UNDER- | 218. PLA | ACE OF INJURY (e. g., in | or 21c. WHERE DID (I | f in Baltimore City, | give exact location) |
| ᇤ | LYING OF | CONTRIBUTING | about home, | farm, fectory, street, office bldg., e | te.) INJURY OCCUR? | | |
| Σ | CAUSE OF I | | | | | | |
| | OF INJURY | Month) (Day) (Year) | (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID INJURY | OCCUR? | |
| | OF INSURT | | | WHILE AT NOT WHILE | | | |
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| - 24 | 22. I hereby | y eertify that I att | ended the | deceased from | 12-51 19 to 2 | 26-31, 19 | _, that I last saw the |
| - | | ive on 2-26 | - | and that death occur | red at 8 3 Tonn ti | | the date stated above. |
| - 1 | 23A. SIGNAT | | | | 3B. ADVINESS | ce cunovo una on | 23c. DATE SIGNED |
| ςij | JOA | | 200 | 1 | SB. ADDITESS | 20 | 2-26-17 |
| | | | | М. D. | Joseph N | | |
| 24 | A. BURTAL, C | nacifys | | 24c. NAME OF CEMETE | RY OR CREMATORY 240. LO | OCATION (City, town | n, or county) (State) |
| 111 | N REMOVAL (S) | Feb 27, | 1951 | Workmen Circl | e Cemetery Bal | timore Md | |
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| | ATE DECENVES | | | refer t | | | |
| L | ATE RECEIVED | | SSIGNATU | | 25. FUNERAL DIRECTOR | | ADDRESS // 26 W |
| L | | RAR REGISTRAR | SSIGNATU | Williams Mit | 25. FONERAL WRECTOR | Bu | Matter St. |
| L | | RAR REGISTRAR | SSIGNATION | | Sol Levens | mr Brus | noth and |



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Burial

| | EALTH DEPARTMENT 51 186 E OF DEATH Registered No. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. NAME OF DECEASED (Type or Print) Abraham Ellis Shear 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) INSTITUTION 2911 Springhill Ave | |
| c. Length of stay in Baltimore 53 Yrs Mos. Days 5. SEX 6. COLOR OR RACE Male White 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 13. FATHER'S NAME Mayer Robert Shear 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) Yrs. Mos. Mayer Robert 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 10B. KIND OF BUSINESS OR INDUSTRY Tailor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO. | D. STREET ADDRESS (If rural, give location) 2911 Springhill Ave 8. DATE OF BIRTH Jan, 28, 1888 9. AGE (In years last birthday) last birthday) 63 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| DISEASE OF CONDITION DIFFERM | or DEATH ONO 17 hours Lincaleura ? |

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION, 20. AUTOPSY? 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE!

AT WORK

22. I hereby certify that I attended the deceased from Rec 1950 to Fet 26, 195/, that I last saw the . 19.57, and that death occurred at ?,304, m., from the causes and on the date stated above. deceased alive on 7st 26 23AN GNA DRE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

24c. NAME OF CEMETERY OR CREMATORY Hebrew Rosedale Cemetery

Baltimore Md

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

DATE RECEIVED BY LOCAL REGISTRAR D VS 150

Feb, 27,1951

Muon, 12

limits, write RURAL and give

Months Days Hours Min.

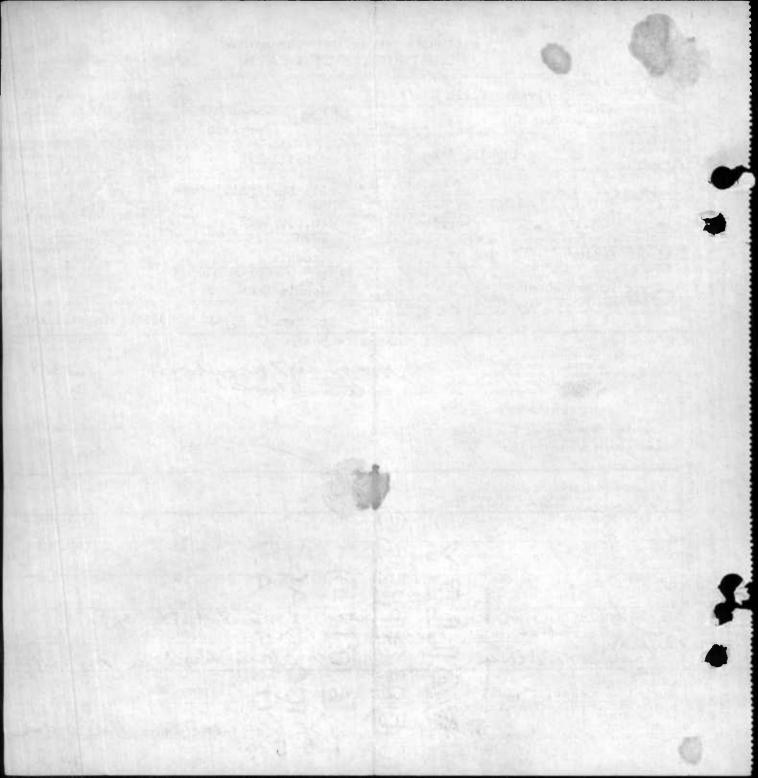
12. CITIZEN OF WHAT COUNTRY?

> INTERVAL BETWEEN ONSET AND DEATH Unitered

before admission)

township)

If Under 24 Hours



BIRTH NO.

(Type or Print)

HOSPITAL OR

INSTITUTION

1. NAME OF DECEASED

A. Baltimore City, Maryland

c. Length of stay in Baltimore

3. PLACE OF DEATH:

B. FULL NAME OF

(If not in hospital or institution, give street address or

51-04396

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs.

Mos.

Days

C. CITY OR TOWN

o. STREET ADDRESS

0

Registered No.

before admission)

township)

2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

(If rural, give location)

DEATH

B. COUNTY

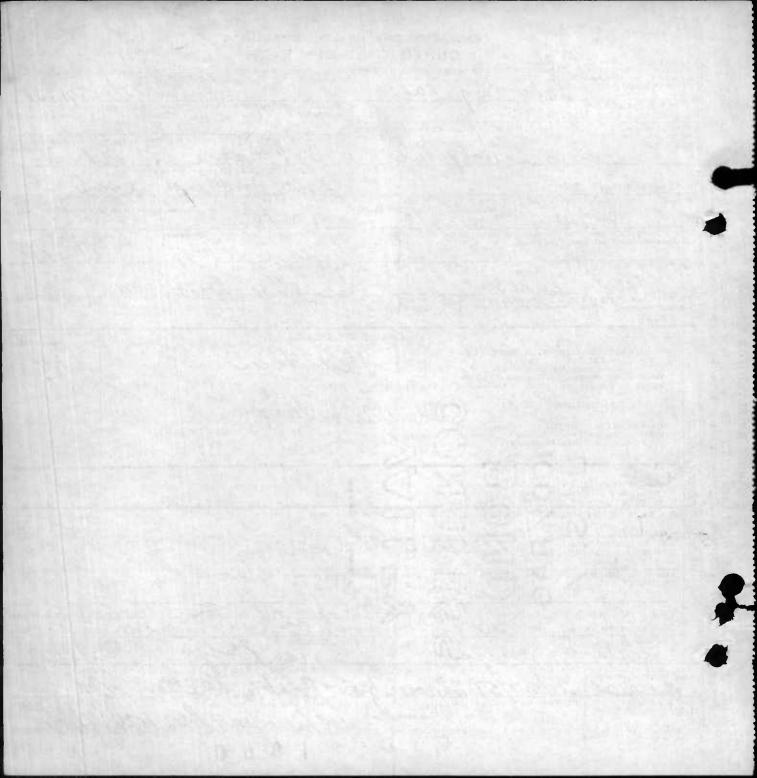
(If outside corporate limits, write RURAL and give

fully supplied. information s of death cle Jo. RESERVED

FOR

UNFADING Physicians: important.

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 5/45/8 26 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uoknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 67.5 ONSET AND DEATH Helectaus remoderaty DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERsbout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 191/ to-_. 1957, that I last saw the 22. I hereby certify that I attended the deceased from. 2-26 . 19.17 and that death occurred at_ m., from the causes and on the date stated above. deceased dive on 2 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY ATION (City, town, or county) (State) REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

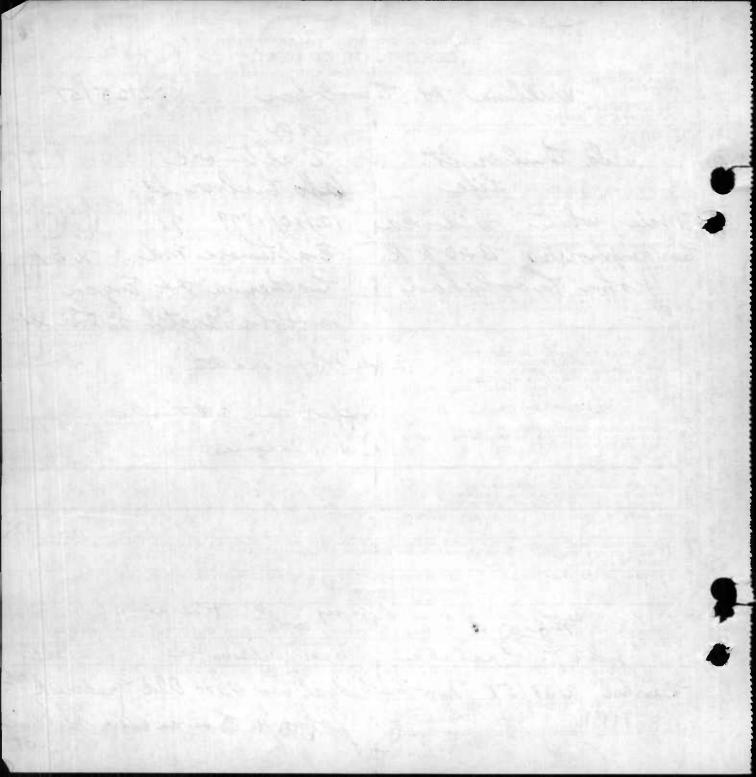


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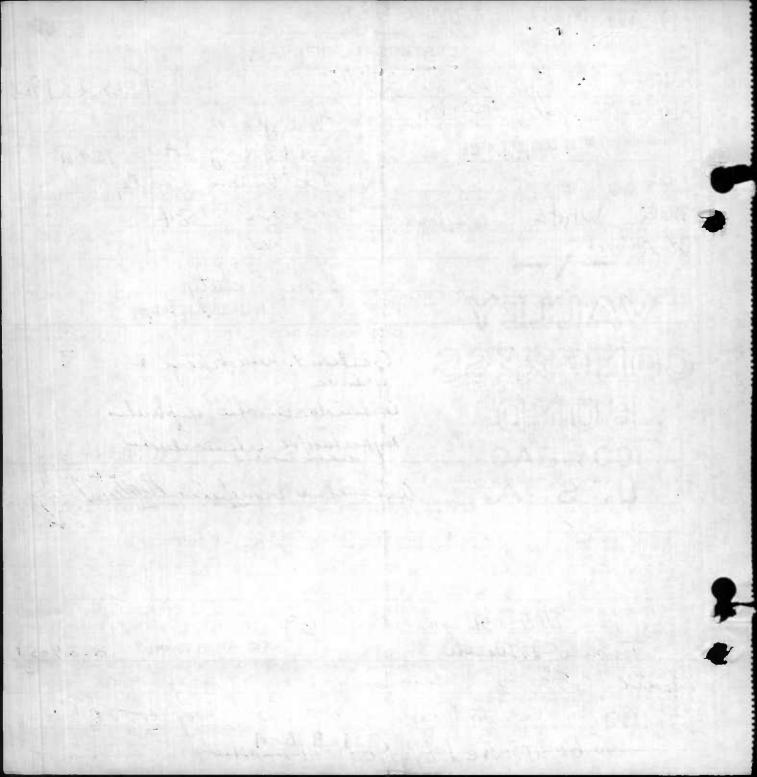
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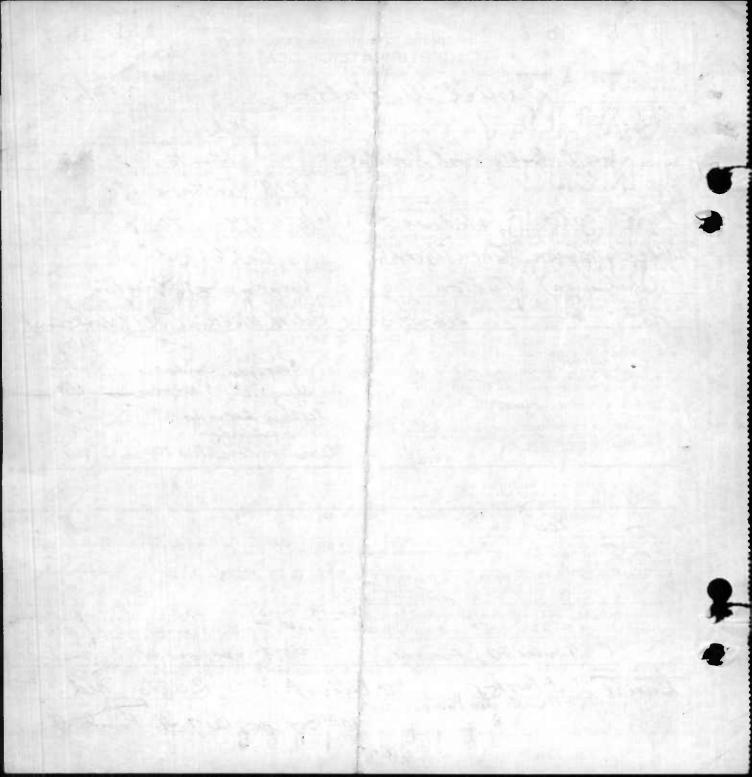
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| | | RTH NO. | TE OF BEATT | | |
| | | NAME OF DECEASED William F. C. | oolshou. | 2. DATE OF DEATH 2/25 | 151 |
| | | PLACE OF DEATH: Baltimore City, Maryland | | E (Where deceased lived. If ins | titution: residence before admission) |
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| | 0 | Q.A Yr | | (If rural, give location) | ,-01 |
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| TITT | 5. | 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Spec | B. DATE OF BIRTH | 9. AGE (In years Month | les I Year If Under 24 Hours Bays Hours Min. |
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| 100 | 6 | an Reunion Manuel B+0 R R. | | ore md | WHAT COUNTRY? |
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| 23 | | deceased alive on 23, 1955, and that death oc | eurred at | | date stated above. 23c. DAJE SIGNED |
| 2 | | John F. Caslaham M.D. | 4201 Welles | eus Gre- | 2/26/51 |
| 200 | 2.4 TIC | AA. BURIAL CREMA- 24B. DATE 24C. NAME OF CEME | ETERY OR CREMATORY 24 | AD. LOCATION (City, town, or | 1 1 201 |
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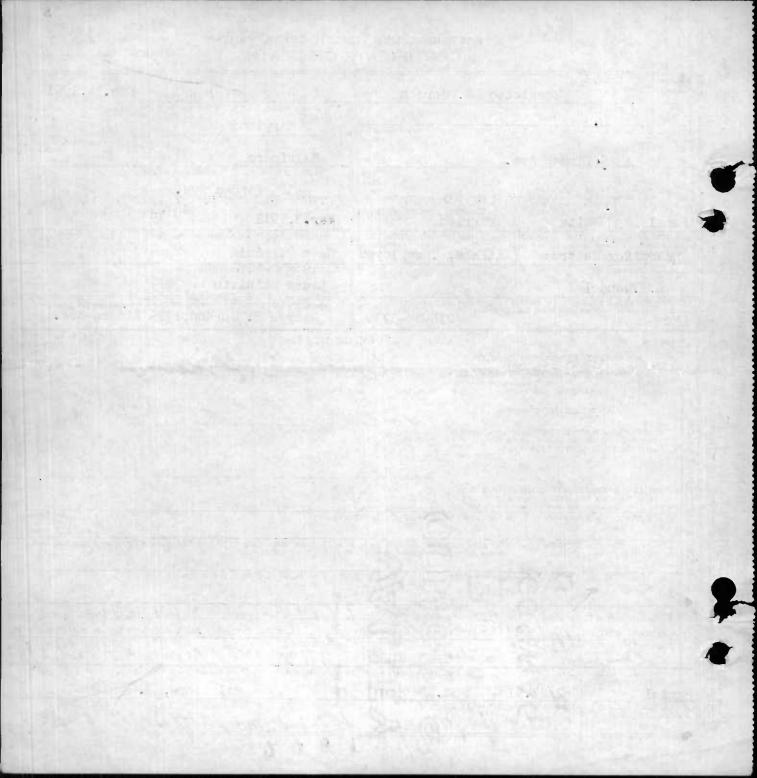
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| efully supplied. | 3. | PLACE OF D | EATH: | Dag | B. Qu | 4. USUAL RESIDENCE | (Where deceased lived, | if institution; residence | | |
| ddr | _ | | City, Maryland | ACC | 10), | A. STATE | B. COUNTY | before admission) | | |
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| | Y, WITH UNFADING INK. Every item of information should be | = |
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| | 7.5 | coally important. Physicians: please write the causes of death clearl, and legarly. |

| | 5 | 1. 1868 | BALTIMORE CITY HE | | 51. Registered No | 1868 |
|-----------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------|-----------------------------------------------------|
| BI | RTH NO. | | CERTIFICATE | E OF DEATH | 2108,500,00 | V |
| | NAME OF DI ype or Print) | | etta R. Gordon | | of DEATH Feb | .24,1951 |
| A. | | ity, Maryland | | 4. USUAL RESIDENCE (WA. STATE Maryland | Where deceased lived. If in B. COUNTY | nstitution : residence before admission) |
| H | SPITAL OR | 25. Linden Av | ital or institution, give street address or location) | | outside corporate limits, | write RURAL and give |
| c. | | tay in Baltimore | Yrs, Mos. Days | D. STREET ADDRESS (If | | |
| 11 | sex emale | 6. COLOR OR RACE | | 8. DATE OF BIRTH Mar.3,1911 | 9 AGE Un vears HI | onder 1 Yest It Under 24 Hours this Days Hours Min. |
| work | done during most o | CUPATION (Give kind of working life, even if retired X Waitress | or 108. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for West Virginia | oreign country) | 12. CITIZEN OF WHAT COUNTRY |
| 13 | W.B.We | | REJT | 14. MOTHER'S MAIDEN N. Laura Stinitte | | |
| 15 (Ye | No or unknown) | D EVER IN U.S. ARM (If yes, give war or da | tes of service) 16. SOCIAL SECURITY NO. 214-20-3730 | 17. INFORMANT George E. Gor | rdon,1325 Line | dress len Ave. |
| CATION | (This does heart failu injury or DISEASE: | SE OR CONDITION LEADING TO DE re, asthenia, etc. It m complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) VING CONDITION | I DIRECTLY ATH of dying, e.g., eans the disease, caused death.) JSES (B) (B) | of DEATH runni of | cerrix | INTERVAL BETWEEN ONSET AND DEATH 2 |
| RTIF | | II SIGNIFICANT CON 5 TO THE DEATH, BU | | | | |
| AL CE | TO THE D | F OPERATION | | RATION | | 20. AUTOPSY? |
| EDICA | 21A. ACCIDE HOMICIDE | ENT. SUICIDE, (Specify) | 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., o | | If in Baltimore City, g | ive exact location) |
| Σ | 21D. TIME OF INJURY | (Month) (Day) (Yes | r) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK | | | |
| | 22. I hereb | live on 2/1 | | 6 / 4 / , 1950, to | | , that I last saw the date stated above |
| 2 | 4A. BURIAL. | ano. | huedri M.D. | 1737 E. | North Ave | 2/26/5 |
| B | on, REMOVAL (S urial | 2/27. | St. Peters | Bal | timore, Md. | |
| L | ATE RECEIVE | | Fis SIGNATURE. | 25. FUNERAL DIRECTOR | 1217 St. E | address of. |
| | VS 150 | | | 8 6 6 | | 11 40 |



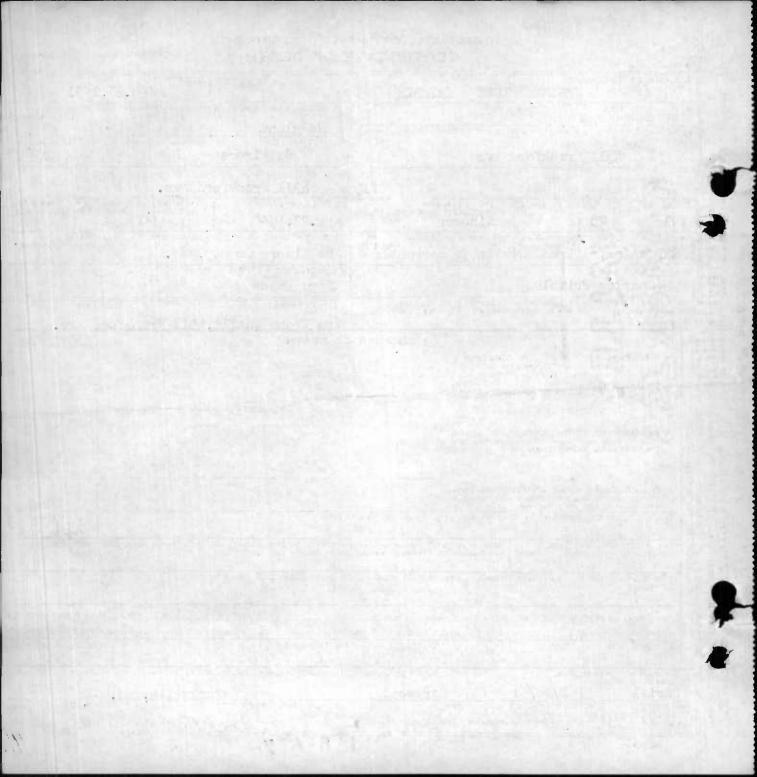
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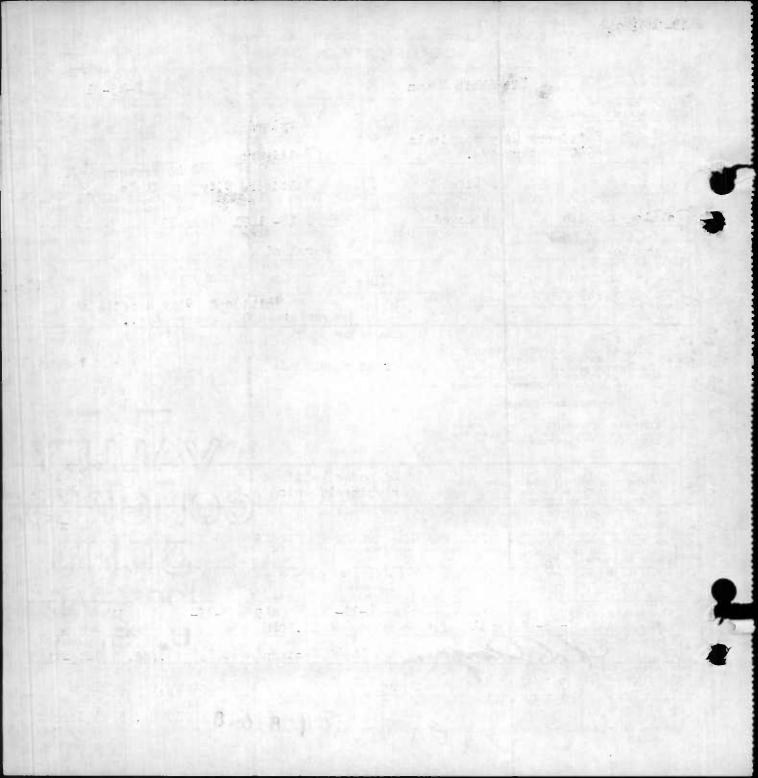
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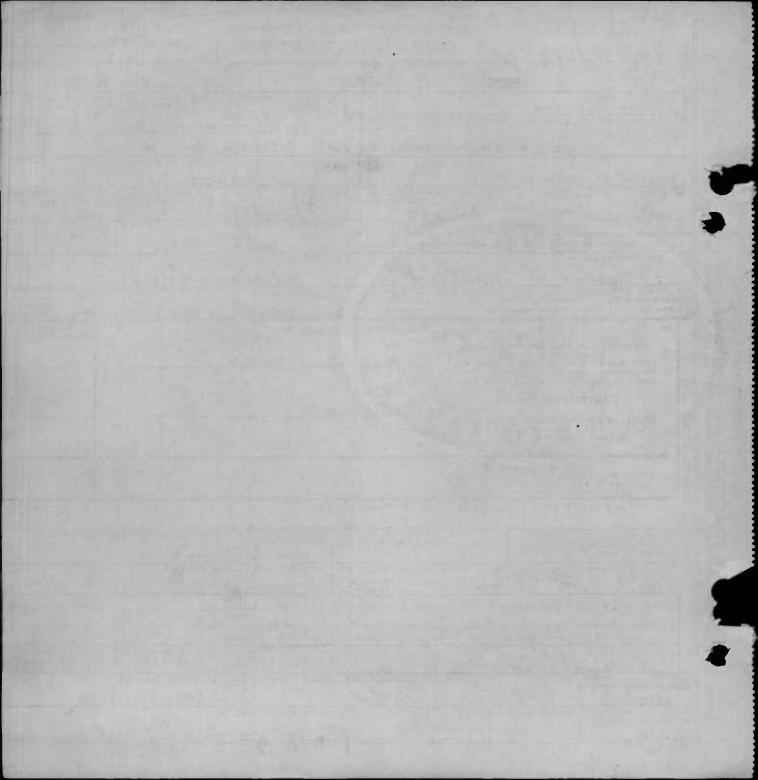
| . | 5/ 31 1863 BA | | ALTH DEPARTMENT | Registered No. | 1.000 |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------|----------------------------------|
| H | BIRTH NO. | CERTIFICATI | E OF DEATH | Registered No. | |
| = | 1. NAME OF DECEASED (Type or Print) WESLEY LUKE | TRIMBLE | 2. | DATE OF Feb.25, | 1951 |
| | 3. PLACE OF DEATH: a. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where | | |
| 100 | B. FULL NAME OF (If not in hospital or institution) 1311 Frankford Ave | ation, give street address or location) | | ide corporate limits, w | rite RURAL and give |
| - | c. Length of stay in Baltimore | Yrs. Mos. Days | D. STREET ADDRESS (If rural | Security and the second | |
| - | 5. SEX 6. COLOR OR RACE 7. SING WIDO WIDO | LE, MARRIED, WED, DIVORCED (Specify) OWET | 8. DATE OF BIRTH 9. Apr. 21, 1860 | AGE (In years If Under last birthday) Months | N Under 24 Hours Days Hours Min. |
| W. | ork done during most of working life even if retired) | of Business or INDUSTRY Se carpenter | 11. BIRTHPLACE (State or foreign Baltimore County, | | CITIZEN OF WHAT COUNTRY? |
| III - | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | |
| | Charles Trimble | | Mary Ensor | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wspire detes of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDI | RESS |
| - | No | | Mrs Irene Dutill. | 311 Frankfor | |
| | DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea | Y Care | of DEATH dio-Vasculai-19 | enal Irseas | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES | Car | Tour Scleros | 5 | 5 46 |
| ACIT AC | DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. | | a tooled bead of | Proclase | 2111 |
| | | (C) / V | f puriopinea (| narine | 0 96 |
| 6 | OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING | TED | · · · · · · · · · · · · · · · · · · · | | |
| 1 | 19A. DATE OF OPERATION 19B. MAJO | R FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| 1 | ▼ | ACT OF INDUST | n or 21c. WHERE DID (If in | Baltimore City, give | YES NO |
| | 21A ACCIDENT, SUICIDE, HOMICIDE (Specify) | LACE OF INJURY (e. g., i e, farm, factory, street, office bldg., i | | Baltimore City, give | exact location) |
| 1 | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURR | ED 21F. HOW DID INJURY OC | CUR7 | |
| | m. | WHILE AT NOT WHILE | | | |
| | 22. I hereby certify that I attended th | e deceased from Ja | | -20, 1951, t | |
| | deceased alive on 765-20, 195/ | | rred at 1701 m., from the c | | date stated above |
| | 23A. SIGNATURE & Sell Hal | | 16318 North | / . | 126/5/ |
| - | 24a. BURIAL, CREMA- TION, REMOVAL (Specify) | 24c. NAME OF CEMETE | | TION (City, town, or | county) (State) |
| - | Burial 2/28/51 DATE RECEIVED BY REGISTRAR'S SIGNA | Parkwood | 25. FINERAL DIRECTOR | kville, Md. | DDRESS / |
| 1 | LOGAL REGISTRAR | Williams Note | MM alay | 1211510 | End X |



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| | SE WITH UNFADING INK. Every item of information should be fully supplied. The | |
| | fully | oly. |
| 3 | | |
| 100 | d by | age is especially important. Physicians: please write the causes of death clean, and mily |
| | ion sha | r clear |
| DNIC | format | es of death |
| BINI | n of in | auses o |
|) FOR | ry iter | e the c |
| MARGIN RESERVED FOR BINDING | ζ. Eve | se writ |
| N RES | NG INI | s: please |
| IARGI | FADIN | zicians |
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51. 1870 BALTIMORE CITY HEALTH DEPARTMENT 1870 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Elizabeth Rowan (Type or Print) OF 2-25-51 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF Baltimore City Hospitals HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rurdio lo listern Ave., Yrs. Mos. Baltimore City Hospitals c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years | ff Under | Year | ff Under 24 Hours last birthday) | Months; Days | Hours; Min. WIDOWED, DIVORCED (Specify) Female White Widowed Nov. 18- 1871 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha unknown Arnold Unknown (Dec (Dec. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. oo or uokoowo) | (If yes. give war or dates of service) 16. SOCIAL 17. INFORM Bylltimore Gity Hospatals (Yes, oo or uokoowo) SECURITY NO. Records: 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., ? 2wks. A Bronchopneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ?10yrs Diabetes Mellitus OTHER SIGNIFICANT CONDITIONS CON-? 20yrs. Arteriosclerosis TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baitimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 4-11-, 1949, to 2-25-, 1951, that I last saw the deceased alive on 2-25-19.51, and that death occurred at 11.10PM., from the causes and on the date stated above. 23A. SIGNATUR 4940 Eastern Ave., Baltio., Md. 2-26-51 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE 3/1/51 Frostburg Frostburg, burial Maryland DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 1217 St. Paul Street VS 150





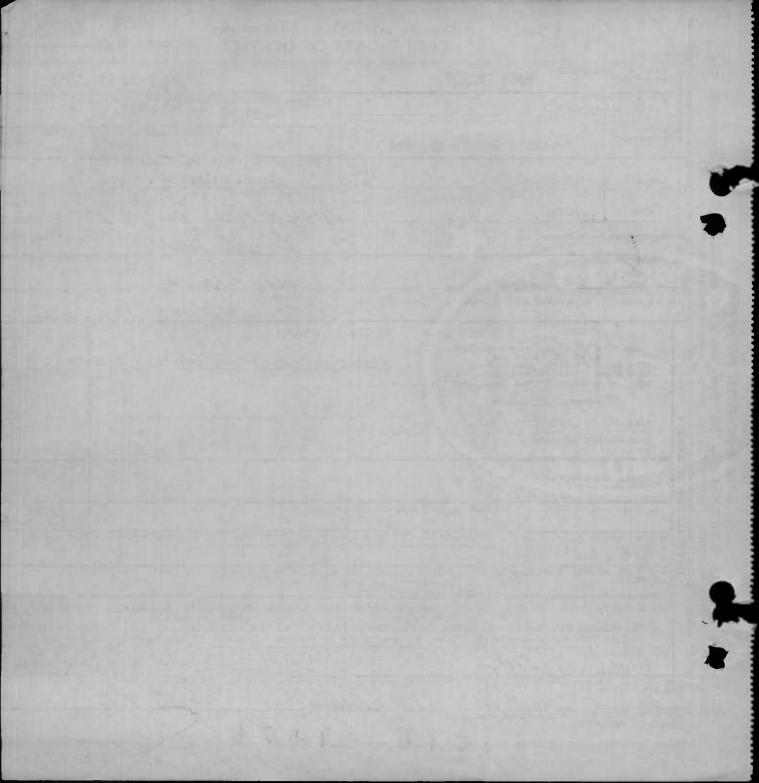
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BALTIMORE CITY HEALTH DEPARTMENT

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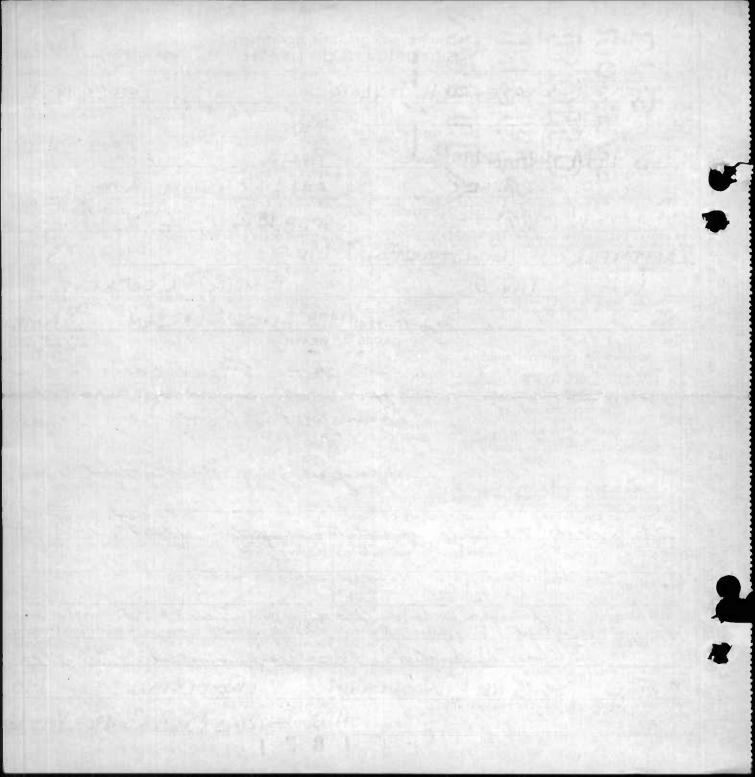
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| e | В | IRTH NO. | | | CERTIFICA | | OF DEATH | | | |
|------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|--------|-----------------------------------------------------------------|---------------------------------|--------------------------------|---------------------------------|
| . The | | 1. NAME OF DECEASED (Type or Print) MARY TALBOT | | | | | | of Feb. | 25, 195 | |
| supplied | B. | FULL NAME (| ity, Maryland | ital or institut | ion, give street addres locatl | s or | . USUAL RESIDENCE (V. STATE Maryland | | If institution; befor | residence e admission |
| efully slegibly. | 11 | NSTITUTION | Franklin | Square | ^ | | Baltimore | | 9-02 | township |
| | c. | . Length of st | ay in Baltimore | | Me | rs. D | STREET ADDRESS (If 110 N. Gill | | | |
| be le | | Female | 6. Color or RACI Colored | WIDOW | MARRIED, ED, DIVORCED (Spe VL • | | May 16-1890 | 9. AGE (In years last birthday) | ff Sader 1 Year Months Days | If Under 24 Hours Hours Min. |
| sh | | | CUPATION (Give kind) f working life, even if retire twell | | OF BUSINESS OR | RY 11 | BIRTHPLACE (State or for | Mol. | 12. CITIZE WHAT | N OF COUNTRY |
| nation sath cl | 13 | 3. FATHER'S N | AME | rich | | 14 | MOTHER'S MAIDEN OF | AME | | |
| information shall soft death clear | 15 (Ye | 5. WAS DECEASE no, no or unknown) | EVER IN U.S. ARM (If yes, give war or da | ED FORCES? tes of service) | 16. SOCIAL SECURITY NO | D. 177 | Mettie Will - | 110 to E | ADDRESS | St- |
| Every item of i | | (This does heart failu injury or | E OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It m complication which | ATH of dying, e. geans the diseas caused death | (A)Art | | DEATH Sclerotic Cardi | iovascular | | AL BETWEET |
| NG INK. | RTIFICATION | RISE TO TI | OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION I |) STATING TH | | | | | | |
| UNFADING Physicians: p | ш | TRIBUTING | II IGNIFICANT CONI TO THE DEATH, BU SEASE OR CONDITION | NOT RELATE | D | | | | | |
| | NL C | 19a. DATE O | F OPERATION | 19B. MAJOR | FINDINGS OF OF | PERATI | ON | | 20. AI | NO X |
| LY, WITH important. | EDICAL | UNDERLYING | AL CAUSE WAS OF OR CONTRIB AUSE OF DEATH | about home, f | CE OF INJURY (e. arm, factory, etreet, office bl | | 21c. WHERE DID (I INJURY OCCUR? | f in Baltimore City | , give exact lo | eation) |
| | Σ | 21d. TIME () OF INJURY | Month) (Day) (Yea | | VHILE AT NOT WH | ILE . | 21F, HOW DID INJURY | OCCUR? | | |
| age is especially | | 22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes A accident , suicide , homicide , undetermined . | | | | | | | | |
| | 24 | 23A, SIGNAT | URE DOUT | # | 4c NAME OF CEME | M.D. | 23B. CHIEF MEDICAL I ASSISTANT MEDICAL MEDICAL INVESTIGAT | EXAMINER | 23c. DATE SI Feb. 26, | |
| PLEASE correct a | _ | 4A. BURIAL, C ON, REMOVAL (SI | Mar-1 | -1951 | m./1 | ule | ens & | Ballo . p | tep | (State) |
| PI | LC | ATE RECEIVED | DAD " | S SIGNATU | | 25 | FUNERAL DIRECTOR | P M | ADDRESS | 1 |



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LARENCE H. TAVLOR OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hespital or institution, give street address or HOSPITAL location (If outside corporate limits, write RURAL and give C. CITY OR TOWN D. STREET ADDRESS (If rural, give location) Yrs. Mos. DENWOOD c. Length of stay in Baltimore Days 5. SEX AGE (In years | H Under I Year | H Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE SINGLE MARRIED, WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH PT. R. 1876 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY TRUCTION ARPENTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CROCKETT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS. (Yes, ne or unknown) SECURITY NO. NTERVAL BETWEEN 18. CAUSE OF DEATH 450,1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: ERTIF H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED $\bar{\mathbf{o}}$ TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY Sempether tomy 2. am putation 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) important 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2.C. WHERE DID (If in Miltimore City, giv exact location) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 200., 1950, to 7e6.26, 195/, that I last saw the deceased alive on Feb 25. 195/, and that death occurred at 2.30 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED removemental. 106.2 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) WOODLAWN WOODLAWN BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS

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VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

51 Registered No 1874

| .he | В | IRTH NO. | E OF DEATH | |
|-------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------|
| d: T | 1. (T | NAME OF DECEASED (yog or Print) Percy Lee Rembart | | 2. DATE OF DEATH 726_25-1951 |
| supplied | Α. | PLACE OF DEATH: Baltimore City, Maryand wd FULL NAME OF (If not in hospital or institution, give street address or | A. STATE | ere deceased lived. If institution: residence B. COUNTY before admission) |
| ully s | H | OSPITAL OR Incation Incation | | utside corporate limits, write RURAL and give township) |
| | c. | Length of stay in Baltimore Life Mos. Days | | ral, give location) |
| be | 5. | SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) | Fel-25-1871 | 9. A SE (fn years I Under I Year I Under 74 Hours Jast birthday) Months Days Hours Min. |
| lear! | 1C worl | DA. USUAL OCCUPATION (Give kind of k done during most of working life, eveo if retired) INDUSTRY | 11. BIRTHPLACE (State or fore | eign country) 12. CITIZEN OF WHAT COUNTRY |
| mation eath c | 13 | A FATHER'S NAME | 14. MOTHER'S MAIDEN NAM | |
| information s of death cle | I (Ye | S. WAS DECEASED EVER IN U. S. ARMED FORCES? In, oo pr uokoown) (If yes, give war or dates of service) SECURITY NO. | 17. INFORMAND | ADDRESS |
| item of i | | 18. 597X CAUSE | OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| Every its | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) | hraemia | 5 days |
| | _ | injury or complication which caused death.) DUE TO ANTECEDENT CAUSES | Chr. nephritis | 4 |
| G INK. | ATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | |
| UNFADING Physicians: | TIFIC | II | Juility . | Syrs. |
| UNF | CER | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | ATION | 20. AUTOPSY? |
| WITH rtant. | CAL | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | | in Baltimore City, give exact location) |
| Y, WITH important. | MEDIC | HOMICIDE (Specify) shout home, farm, factory, street, office bldg., 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR | etc.) INJURY OCCUR? | |
| ialli | | OF INJURY WHILE AT NOT WHILE M. WORK AT WORK | | |
| TE | | deceased alive on 7124 1951 and that death occur | | |
| age no | 2 | Mushael N. Hram. 4a. BURIAL. CREMA-1 24B. DATE 24C. NAME OF CEMETE | 1820 Entor pla | 23C. DATE SIGNED 24 26.5 CATION (City, town, or county) (State) |
| PLEASE correct a | _ | BURIAL 2-28-1951 LOUDON F | , , , | TO. MD. |
| PI | | OCAL REGISTRAR | | Tonis Ca Agas Vapy De |

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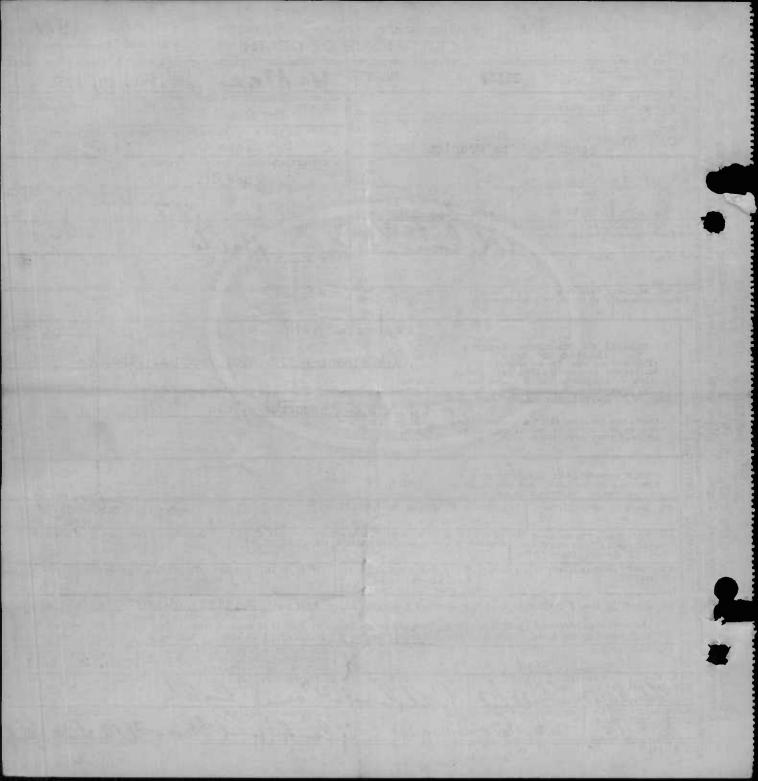
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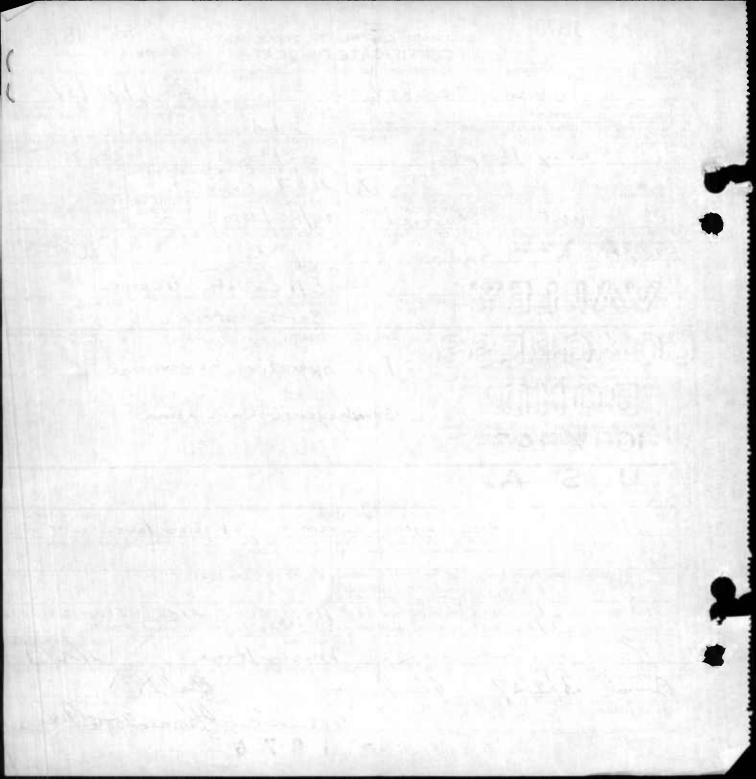
BALTIMORE CITY HEALTH DEPARTMENT

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| BIRTH NO. | | | CERTIFICAT | E OF L | DEATH | Register | ed No | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------|---------------------------------------|--------------------|---------------------------------|
| I. NAME OF I (Type or Print) | | ELLEN | McATTE | 140 | ATEC | | b. 25, 1º | |
| a. Baltimore | City, Maryland | | | A. STATE | RESIDENCE (V | Where deceased live B. COUNT | | n : residence fore admission |
| | | tal or instituti | on, give street address or location) | c. CITY C | Maryland PR TOWN (If | outside corporate | limits, write R | |
| 32 | Johns Hopk | ins Hosp | oital | | Baltimore | | 3-01 | township |
| Yrs. Mos. c. Length of stay in Baltimore Days | | | | D. STREET ADDRESS (If rural, give location) 312 Mason Ct. | | | | |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) | | | | 8. DATE C | | 9. AGE (In year | Months Day | s Hours Min. |
| IOA. USUAL OC | CCUPATION (Give kind of of working life, even if retired) | 10B. KIND | F BUSINESS OR INDUSTRY | 11. BIRTH | PLACE (State or fe | oreign country) | 12. CITI WHA | ZEN OF AT COUNTRY |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN NAME | | | | |
| 15. WAS DECEAS | ED EVER IN U. S. ARME (If yes, give war or date | D FORCES? | 16. SOCIAL SECURITY NO. | 17. INFOR | RMANT | | ADDRESS | |
| Z DISEASE O RISE TO UNDERL | LEADING TO DEA s not mean the mode ure, asthenia, etc. It men complication which ANTECEDENT CAUSE SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L, II SIGNIFICANT COND | of dying, e. g ans the disease caused death. SES IF ANY, GIVING STATING TH AST. ITIONS CON | (B) Cerebr | | tic Cardio | | 1.sease | |
| 11 | G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION | CAUSING IT | | ATION | | | 20. | AUTOPSY? |
| A | | | | | | | YES | |
| UNDERLYIN | NAL CAUSE WAS IG [] OR CONTRIB- CAUSE OF DEATH. | about home, fa | CE OF INJURY (a. g., in rm, factory, street, office bldg., e | | HERE DID (I Y OCCUR? | f in Baltimore Ci | ity, give exact | location) |
| | (Month) (Day) (Year) | w | IE. INJURY OCCURRI | 21F. H | OW DID INJURY | OCCUR? | | |
| 22. I certi | fy that I took char | ge of the | cmains described a | bove, held | an Parti | al Autopsy | thereo | on and from |
| the ev | idence obtained by | said Autor | osy, Inspection or I | nguiry, fir | Autopsy, and that said de | Inspection or Inqu eceased died or | iry 1 the day s | tated above |
| 23A. SIGNA | Clien (Novel | | М | ASSIS | HIEF MEDICAL I TANT MEDICAL I AL INVESTIGAT | EXAMINERX | Feb. 26 | |
| TION BENOVAL | Specify) | F/7 2 | CATHLE | RY OR CREM | MATORY 24b. L | CATION (City, to | own, or county |) (State) |
| DATE RECEIVE LOCAL REGIST | | Ann 13 12 | Sulph Alex | 25. FUNER | Land Director | Home | 112L |) lendes |
| V S 151 | E) | | | 1 11 | 1 9 | | 0-1 | 1 19 |



51 1878 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location Mays. 260 c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (in years) WIDQWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Married 10A, USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT, COUNTRY? INDUSTRY information s Electrician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -0U1 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes 59 me Jo INTERVAL BETWEEN item 18. CAUSE OF DEATH 6 7 X ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Post operative RESERVED write heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Brokchogenic DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE, OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH important. Bronchogenic Carcinoma rt. lower lobe 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK deceased alive on 2/26, 1951, and that death occurred at 2 2m., from 23A. SISPATURE 2/26, 1951, that I last saw the Am., from the causes and on the date stated above. 24A. BURIAL, CREMA-24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE, ADDRES 25. FUNERAL DIRECTOR who atom Will auto, M. J. LOCAL REGISTRAR VS 150



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n Ne -----Designation vistal

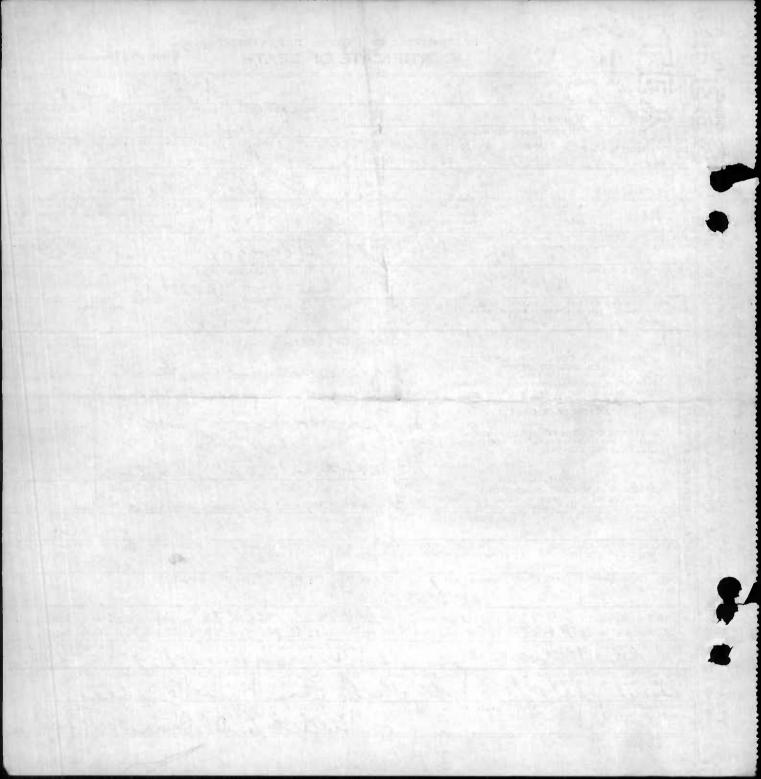
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| BALTIMORE | CITY | HEALTH | Н | DEPARTMENT |
|-----------|------|--------|---|------------|
| CEPTI | FICA | TE O | | DEATH |

| В | RTH NO. | | CERTIFICAT | E OF DEATH | neg istered | |
|------------|---------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| (T | NAME OF D ype or Print) | Louis | W Kleint | | 2. DATE OF DEATH 2 | -25-51 |
| | PLACE OF D | EATH: City, Maryland | | 4. USUAL RESIDENCE (Whe | ere deceased lived. In B. COUNTY | institution: residence before admission |
| В. | FULL NAME | OF (If not in hospit | al or institution, give street address o | Maryland | 2.000 | beroze admission, |
| H | STITUTION | church Hon | + Hospilal location | C. CITY OR TOWN (If ou | tside corporate limi | ts, write RURAL and give township |
| 1 | rondway | + Fairmount | an Balt. Mo | Baltimor | | -020 |
| 3 | 5 | | Yrs. Mos. | 5 33 North | 0 | L |
| - | Length of s | tay in Baltimore | Days 7. SINGLE, MARRIED. | | AGE (In years) | H Hadas V Vanc. 1 H Hudas Od Hansa |
| | M | W | WIROWED, DIVORGED (Specify | Sept10 1888 | last birthday) M | onths Days Il Under 24 Hours onths Days Hours Min. |
| worl | A. USUAL OC done during most | CUPATION (Give kind of of working life, even if retired) | arocerer INDUSTR' | 11. BIRTHPLACE (State or forei | ign country) | 12. CITIZEN OF |
| 13 | FATHER'S | NAME | C. Ed 1 1 | 14. MOTHER'S MAIDEN NAM | F | 100/4 |
| | Joh | n Kleir | 1 | Carolina R | usthal | |
| 15 (Ye | , no or nnknown) | D EVER IN U. S. ARMEI (If yee, give war or date | D FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Chart - | A | DDRESS |
| | 18. 42 | 0.1 | CAUSE | OF DEATH | | INTERVAL BETWEEN |
| | | SE OR CONDITION | DIRECTIV | | 11 | ONSET AND DEATH |
| | heart failu | LEADING TO DEA not mean the mode of tre, asthenia, etc. It mea complication which | ans the disease, | ris selentie | Heart | |
| | | ANTECEDENT CAUS | | | 11 | |
| Z | DISEASE | OR COMPLETIONS | (B) | to nephretis. | · loydr | , <u> </u> |
| ATIO | RISE TO T | S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA | STATING THE DUE TO | Ten - Cystite | | |
| FIC | | | (c) Dur | extrinum of | 3 Padden | |
| ERTI | TRIBUTING | II SIGNIFICANT COND TO THE DEATH, BUT | NOT RELATED | alini di | | |
| 0 | | F OPERATION 1 | 98. MAJOR FINDINGS OF OPE | RATION | sanca | 20. AUTOPSY? |
| AL | | | | | | YES NO |
| EDIC | 21A. ACCIDE HOMICIDE | NT, SUICIDE. (Specify) | 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg. | in or 21C. WHERE DID (If i etc.) INJURY OCCUR? | n Baltimore City, | give exact location) |
| Σ | | (Month) (Day) (Year) | (Hour) 21E. INJURY OCCURE | RED 21F. HOW DID INJURY C | OCCUR? | |
| | OF INJURY | | m. WHILE AT NOT WHILE | | | |
| | 22. I horah | a contifu that I att | | b 16 10.51 to I. | b 25 10 | "I that I last saw th |
| | deceased a | live on Feb 25 | ended the deceased from H _, 19 5 L, and that death occu | rred at 5 40 Pm. from the | causes and on t | he date stated above |
| | 23A. SIGNA | FURE A MI. | 14 | 23B ADDRESS | , | 23c. DATE SIGNED |
| | 1 | ing Mon | | lunch Hom | 1-14mp | マース い- 5, |
| 710 TIC | Dural Burial | pecify) | 24c. NAME OF CEMET | ERY OR CREMATORY 24D. LOC | PL L | , or county) (State) |
| Lo | TE RECEIVE | RAR REGISTRAR | SSIGNATURE | 25. FUNERAL DIRECTOR | Khan 1 | address 00 Blen |
| - | VS 150 | | 9 5 1 9 3 | The same | · · · · · · · · · · · · · · · · · · · | 7.00 |
| | | | 2906A | | | 937 |



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

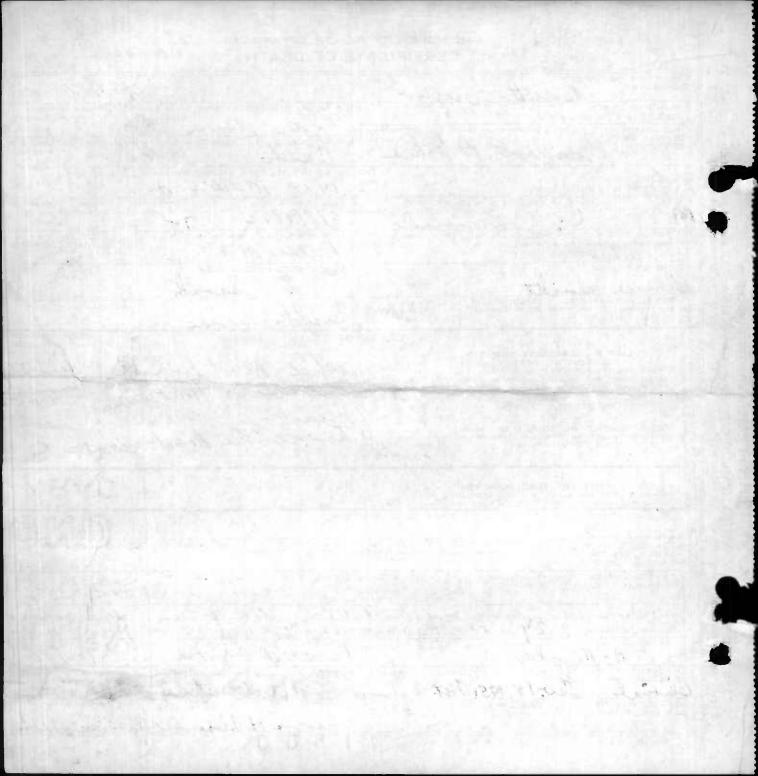
51 Registered No. 1881

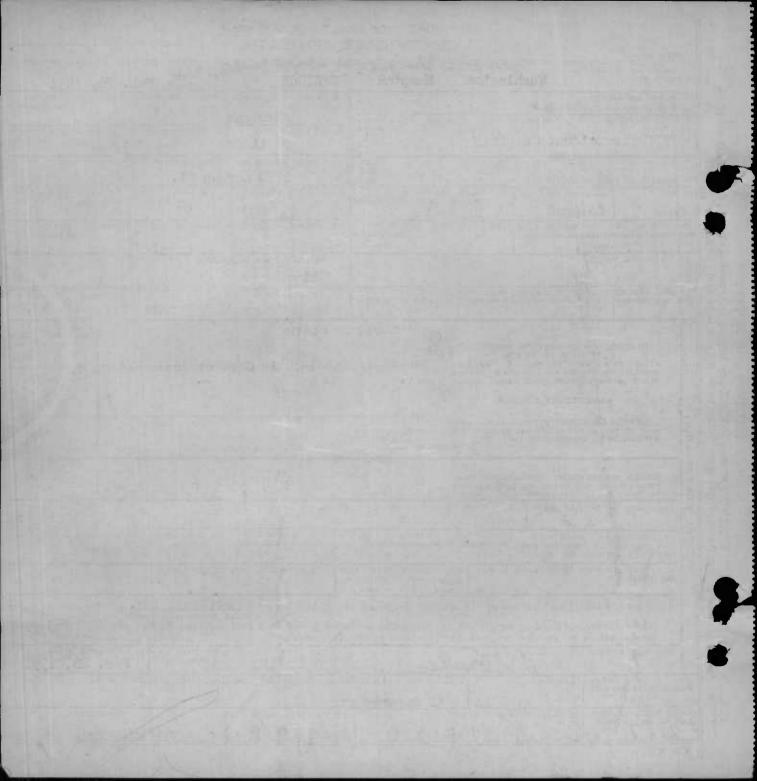
| Th | BI | IRTH NO. | | |
|-----------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| | | NAME OF DECEASED SosiE White | 2. DATE OF DEATH DER. 11 | + .1951 |
| supplied. | A. | PLACE OF DEATH: Baltimore City, Maryland | A. USUAL RESIDENCE (Where deceased lived, If insti | tution : residence before admission) |
| ully su y. | H | FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) | C. CITY OR TOWN (If outside corporate limits, wr | rite RURAL and give |
| ly. | 6 | O Good SARIMARTIN HESP YES. | D. STREET ADDRESS (If rural, give location) | township; |
| | | Length of stay in Baltimore 14 Mos. | 524 FREMENT AVE 1 | 8-01 |
| Pid | - | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH 9. AGE (in years li infer land) Months | |
| sho | 10 | A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY working life, even if rethed) | DEC-4. IN THE STATE OF THE STAT | CITIZEN OF WHAT COUNTRY? |
| | | HENE MILL DOMESTIC | 14. MOTHER'S MAIDEN NAME | ISA |
| information of death cl | 17 | ? LINKNIEWN | ? UNKNOWN | |
| info | 15 (Ye | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yes, give war or dates of service) SECURITY NO. | 17. INFORMANT ADDR | |
| of | - | | THENRY LAWSON 534 DKE | ENIGHT |
| item e ca | | DISEASE OR CONDITION DIRECTLY | OF DEATH | ONSET AND DEATH |
| Every item write the cau | | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | La Vande de | 10 years |
| | 7 | ANTECEDENT CAUSES | <i>p</i> * | |
| G INK. | ATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. | | |
| ADING icians: | IFIC | (C) | | |
| UNFADING Physicians: | CERT | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| H | 7 | 19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPER | ATION | 20. AUTOPSY? |
| Y, WITH important. | EDICA | 21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., li about home, farm, factory, street, office bldg., e | | exact location) |
| Ily imp | Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE AT WORK | | |
| pecially | H | 22. I hereby certify that I attended the deceased from | 15,1841 to 21 1, 19 7 th | hat I last saw the |
| TE | L | | rred at m., from the causes and on the d | late stated above. 3c. DATE SIGNED |
| E | 2 | 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE | RY OR CREMATORY 240 OCATION (City, town, or c | county) (State) |
| ASE set a | TI | 4A. BURIAL. CREMA- ON. REMOVAL (Specify) Seb. 27, 195 MT CHIVARY | Brooklyn Mo | J |
| PLEASE correct ag | D. | ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR AD | DDRESS |
| | = | VS 150 | Jasigh Ziluss 1200 Mcul | |
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 2. DATE OF en DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (If rural, give location) Mos. Made Lon Days 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 9. AGE (in years) If Under 1 Year last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 10s. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME RUDG 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give wer or dates of service) 16. SOCIAL ADDRESS CAUSE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, The Heat Dife injury or complication which caused death.) ANTECEDENT CAUSES roclaratic Reart dix DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, fectory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from. , 19 5/, to 7-24 , 19 Sthat I last saw the 2 - 24, 19 51, and that death occurred at m., from the causes and on the date stated above. 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY Burg DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150



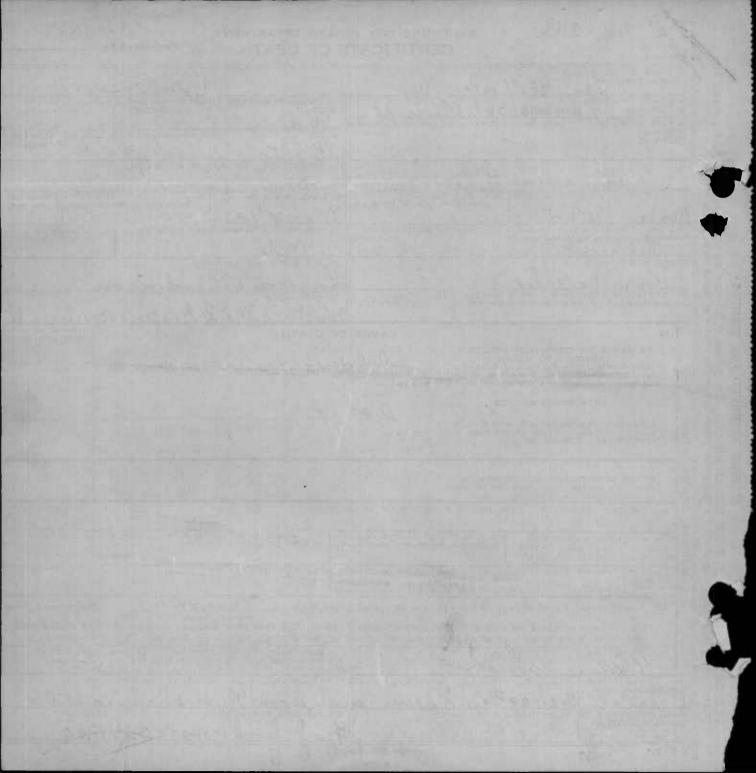


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| | CERTIFICATION | F OF DEATH Registere | d No |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------|
| | BIRTH NO. | TE OF DEATH Registere | d 140. |
| | 1. NAME OF DECEASED (Type or Print) Vernon a Stephens | 2. DATE OF DEATH 2/2 | 26-5-1 |
| | S. PLACE OF DEATH: A. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY | . If institution: residence before admission) |
| | B. FULL NAME OF (If not in hospital or institution, gife street address of location INSTITUTION 8/2 3/33 200 | | mits, write RURAL and give |
| | 7rs. | D. STREET, ADDRESS, (If rural, give ocation | 2-06 |
| | c. Length of stay in Baltimore /6 40? Mos. | 8/234333051 | |
| 1 | Made I hite WIDOWED DIVORCED (Specify | | Months: Days Hours Min. |
| | 10A. SUPL OCCUPATION (Give kind of work dente duping most of working life, even if retired) A WOOD STREET, ST | Y 11. BIRTHPLACE (State or foreign country) | 12. CITYZEN OF |
| | Thomas a. Stephens | 14. MOTHER'S MAIDEN HAME | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of ervice) SECURITY NO. | 17 MOMMANTO | ADDRESS /// |
| | nary Case time | Wela Ensor 8/2. | 14 33 m. |
| | | OF DEATH | INTERVAL BETWEEN |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | Sardias Decompensal | THE YAM. |
| | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | | |
| | ANTECEDENT CAUSES | 1.100 10 | 44 |
| | GATA / | y rearded Transformery | 1 2 |
| , | Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | humete CUD | (over) |
| | II II | | |
| | TRIBUTING TO THE DEATH, BUT NOT RELATED | | |
| | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE | RATION | 20. AUTOPSY? |
| | 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., | | YES NO |
| | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH | in or 21C. WHERE DID (If in Baltimore Cit INJURY OCCUR? | y, give exact location) |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURI | | |
| | m. WHILE AT NOT WHILE AT WORK AT WORK | | |
| | 22. I hereby certify that I attended the deceased from | | that I last saw the |
| | deceased alive on 226, 193, and that death occu | arted at Comm., from the causes and of | the date stated above. |
| | family Cynarul M.D. | 3751 Jaly 14 | 0 2-27.51 |
| | TION REMOVAL (Specify) 2-28-51) 24c. NAME OF CEMET 100. REMOVAL (Specify) 2-28-51 | ery or CREMATORY 245. LOCATION Wity, to | wn, or county (State) |
| | DATE RECEIVED BY REGISTRAR'S SIGNATURE | 25 FUNERAL DIRECTOR SULTA SIA | ADDRESS Lot |
| | 2602719h | 1065 | 7,00 |

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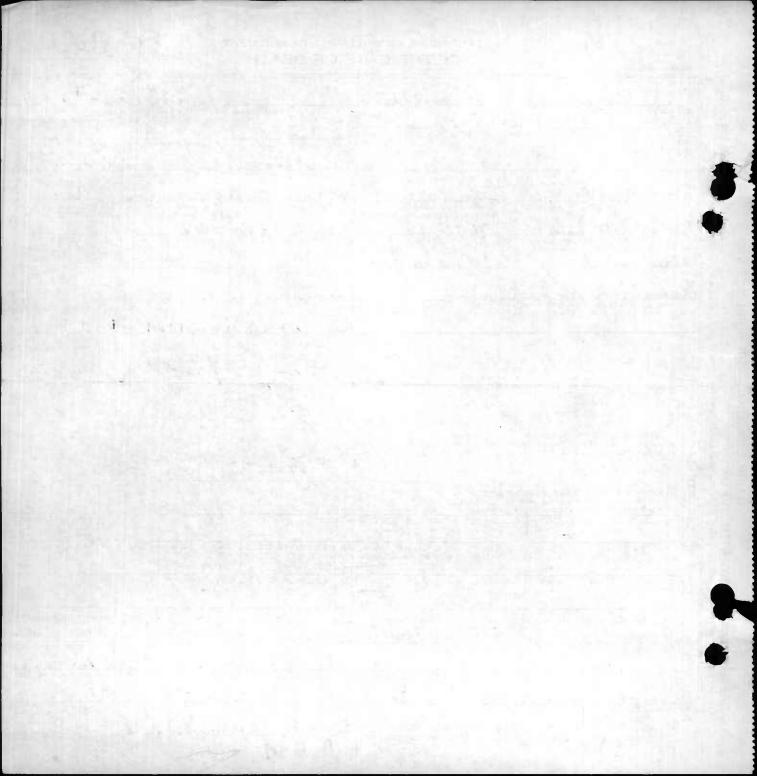
MARGIN RESERVED FOR BINDING

51. 1886

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 1886

| - 11= | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| | 1. NAME OF DECEASED (Type or Print) | 2. DATE OF TELES |
| | S. PLACE OF DEATH: A. Baltimore City, Maryland 190 110 Pattern A. STATE A. STATE | NCE (Where deceased lived, If institution; residence B. COUNTY hefore admission) |
| | B. FULL NAME OF (If not in hospital or institution, give street address or | (16 ministration and 15 in ministration 1 |
| | INSTITUTION C. CITY OR TOWN | (If outside corporate limits, write RURAL and give township) |
| - | Yrs. D. STREET ADDRE | SS (If rural, give location) |
| | c. Length of stay in Baltimore Lile Days 1904. N. P. | atterson Park are |
| | 5. SEX 6. COLOR OR RACE 7. SHIGLE, MARRIED, WIDOWED, DIVORCED (Specify) | |
| | Male White married Jan 18th 18 | 85 66 |
| W | 10A. USUAL OCCUPATION (Give kind of rork done during moet of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY | tate or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 1 | Machinest Erlanger les Ma | |
| | 13. FATHER'S NAME | IDEN NAME |
| 0 | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT | ne Auber |
| 1 | (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. | ADDRESS HADD |
| - | Mose Ach | ollian 1904 Most Phase |
| | DISEASE OR CONDITION DIRECTLY | ONSET AND DEATH |
| | (This does not mean the mode of dying, e.g., (A) | wast sure 5 day |
| | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | |
| | ANTECEDENT CAUSES | loles Bi |
| | | 340465 |
| | DISEASES OR CONDITIONS, IF ANY, GIVING | 401 |
| 1 | UNDERLYING CONDITION LAST. | & Mosms |
| | (C) | |
| | OTHER SIGNIFICANT CONDITIONS CON- | |
| 1 | TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | A A A | YES NO |
| | 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE D HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCU | |
| , III | Z Z | |
| - | 21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21s. HOW DID | INJURY OCCUR? |
| | m. WHILE AT NOT WHILE AT WORK | 1111 |
| | 22. I hereby certify that I attended the deceased from 2 2/ 1 19 | , to 1 19 , that I last saw the |
| | deceased alive on 1 , 1 (, and that death occurred at m., 23A. SIGNATURE 23B. ADDRESS () | from the causes and on the date stated above. |
| | the of Turning to Pour Mills | Hum - 1 av 10 2.26 61 |
| | 244. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) +6tAte) |
| | RIANACIA Specify 4.01-27th 1951 Bolto leem | E. north ave Est |
| | DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIR | ECTOR ADDRESS ave |
| 1 | FEB 21 95 military tilliams, the Leo S. le oo | h 1701-03 li Pallerson Park |
| | FF87771951 SYNUE 8 8 1 | 0,40 |
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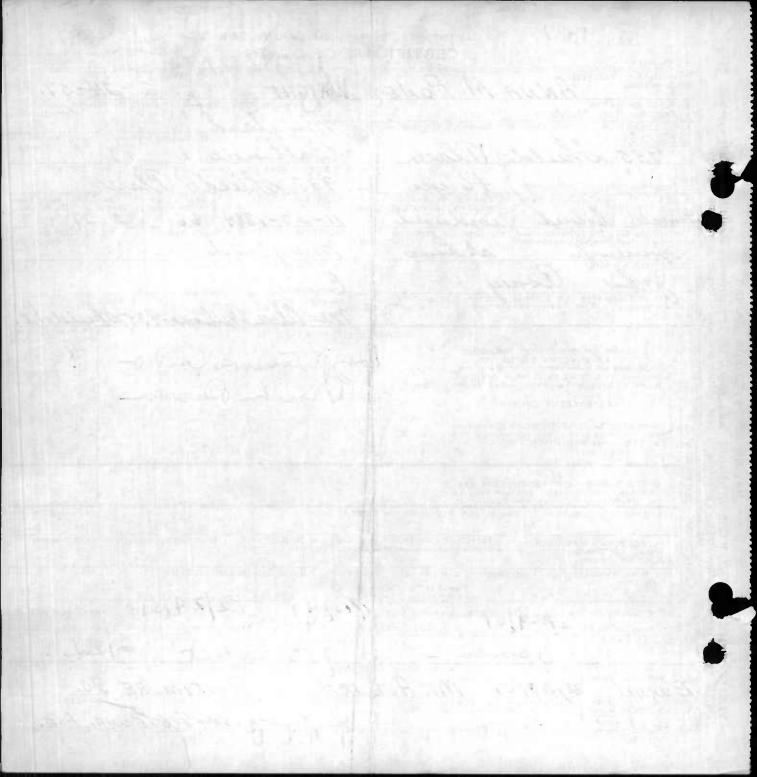


1887

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 Registered No. 1887

| 5 | BI | IRTH NO. | | |
|------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------|
| ed. 1 | (T | Type or Print) ANNA M. PONEY | | 2. DATE. OF 2-14-51. |
| supplied | A. | PLACE OF DEATH: Baltimore City, Maryland | A. STATE | here deceased lived. If institution: residence B. COUNTY before admission) |
| ully su | H | FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Institution) | | outside corporate limits, write RURAL and give |
| t) Viola | - | 133 XI MILLAS VIACO Yrs. | D. STREET ADDRESS (If | rural, give location) |
| | | Length of stay in Baltimore 46 yyo. Days | 935 Shiel | de Clace |
| nd bu | 7 | SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) Months Days Hours Min. |
| shor | 10 work | DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) IOB. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | |
| information s of death cl | 13 | B. FATHER'S NAME | 14. MOTHER'S MAIDEN NA | AME |
| f dea | 15 | WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL | Elsie : | |
| of in | (Yes | m, no or unknown) (If yes, give wer or dates of service) SECURITY NO. | Mrs. alia Wil | liam - 935 Shields Pl. |
| | | 18. 443× 1 CAUSE | OF DEATH | INTERVAL BETWEEN DNSET AND DEATH |
| y item the cau | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) | Mertensus | Carlio ! |
| Every write th | | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD | 0 | \ . |
| P | _ | ANTECEDENT CAUSES | Varenta V. | Marson . |
| INK. | NO! | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD | | |
| ADING icians: | CA | UNDERLYING CONDITION LAST. (C) | | |
| UNFADING Physicians: | RTIF | OTHER SIGNIFICANT CONDITIONS CDN. | | |
| UNF | CE | TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| WITH rtant. | CAL | 19A. DATE OF OPERATION O 19B. MAJOR FINDINGS OF OPER | RATION | 20. AUTOPSY? |
| LY, WITH | AEDIC | 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., | in or 21c. WHERE DID (I etc.) INJURY OCCUR? | f in Baltimore City, give exact location) |
| Fill | | 21b. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURR OF INJURY WHILE AT NOT WHILE | | OCCUR? |
| 9 | | m. WORK AT WORK | 14/49 10 /12 | 124540 |
| rE espe | | 22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur | rred at 40 6 myrom th | he causes and on the date stated above. |
| | | 23A. SIGNATURE Carne M. D. | 713 GLR | A PATE SIGNED |
| SE | | 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE | RY OR CREMATORY 246. LO | OCATION (City, town, or county) (State) |
| PLEASE correct a | | ATE RECEIVED BY REGISTRARY SIGNATURE | RN LA. 25. FUNERAL DIRECTOR | TIMORE JO. ADDRESS |
| P | L | CEB ESISTRARI | Wm. A. JACKSON | -916 PENNA. AUE. |
| | | VS 150 | 1 8 8 5 | 020 |



VS 150

23c. DATE SIGNED -26-

before admission)

If Under 1 Year

ADDRESS

12. CITIZEN OF

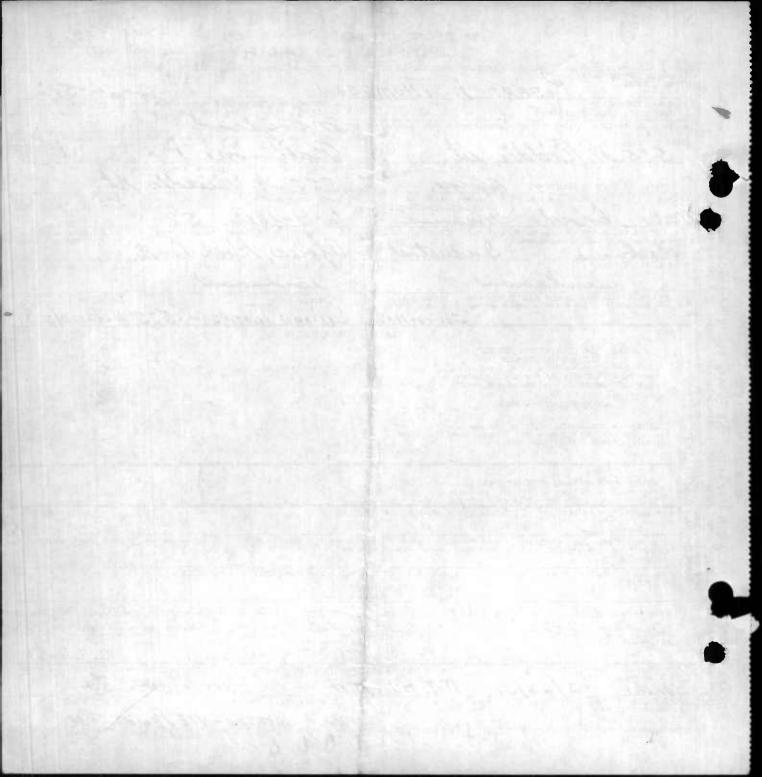
WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

NO

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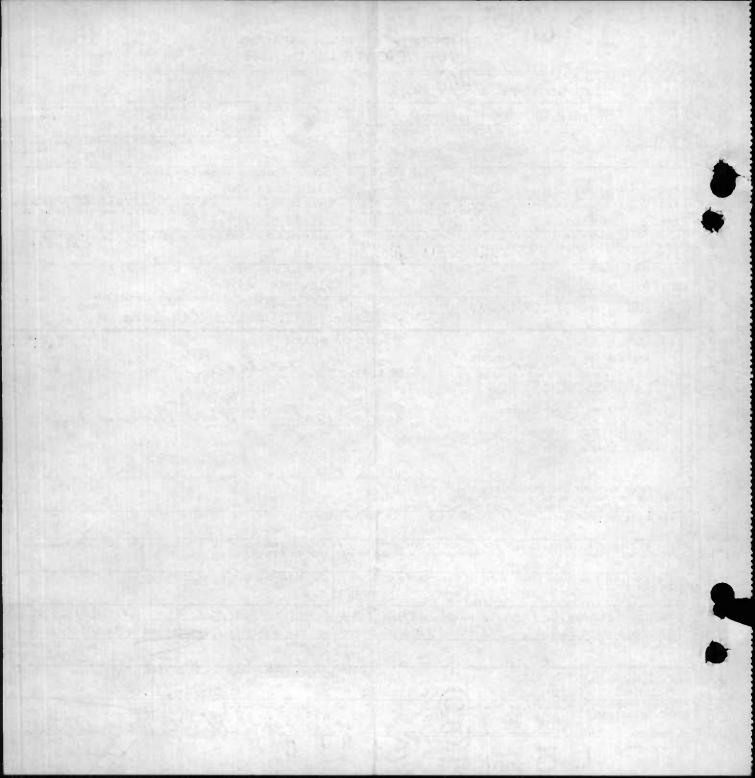
| The + | В | 51 1889 BALTIMORE CITY HEALTH DEPARTMENT 51 CERTIFICATE OF DEATH Registered No | |
|----------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| | (T | NAME OF DECEASED HUSKETH, JOSEPH DAVID 2. DATE OF DEATH 2/25 | /51 |
| supplied. | A. | Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or | ution: residence before admission) |
| ally s | H | OSPITAL OR NSTITUTION Provided Ballings (If outside corporate limits, wri | te RURAL and give township) |
| WIN. | C. | Length of stay in Baltimore 457 Yrs. Mos. Days Days Days D. STREET ADDRESS (If rural, give location) 425 N. Carolino | THE WAY |
| p p | | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, B. DATE OF BIRTH 9. AGE (in years Middle of M | Year If Under 24 Hours Days Hours Min. |
| show | 1C worl | | CITIZEN OF WHAT COUNTRY? |
| information shows of death clear | 13 | 3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME | S.a. of |
| nform of de | 150 | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT ADDRESSED ADDRES | ss TX |
| of | - | Hewellyn H. Walker | 19n. (or) |
| y item the cau | | | NTERVAL BETWEEN |
| Every write th | | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) | |
| | | ANTECEDENT CAUSES | |
| INK. | TION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | |
| ADING icians: | FICA | (c) | |
| UNFADING Physicians: | CERTI | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| H | | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| .0 | EDICAL | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Discourse about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? INJURY OCCUR? | xact location) |
| LY | Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE | |
| See . | | | it I last saw the |
| WAITE esp | | deceased alive on 2/24, 1951, and that death occurred at 6 A m., from the eauses and on the da 23A. SIGNATURE 23B. ADDRESS 1 23B. | te stated above. |
| age | 24 | 4A. BUHAL. CREMA- 248. DATE 24D. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or co | (State) |
| PLEASE V | 6 | Burial 2/28/51 Whutes humanish Park artutus | md |
| PL | L | OCAL REGISTRAR S SIGNATURE OCAL REGISTRAR 5 | RESS Serve |

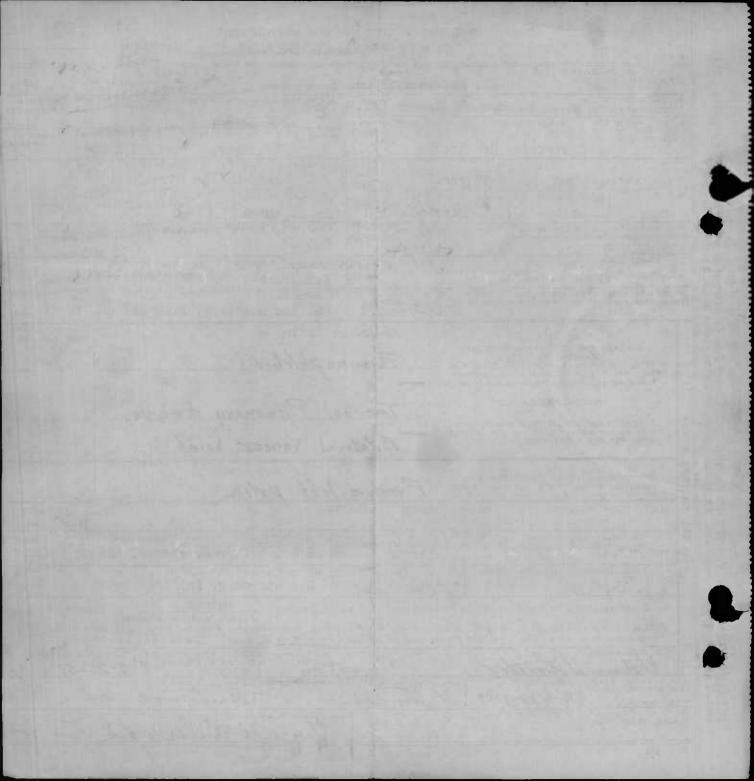
on the date stated above. 23c. DATE SIGNED 2/25/51

SECRETAL PROPERTY. The state of the s

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| | important |

| | NAME OF DECEASE | | | CERTIFICAT | | 2. DATE | l No |
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| | | Kowalsk | ci Or Ko | walewski | | OF Feb, | |
| 3. A. | PLACE OF DEATH: Baltimore City, Ma | | | | 4. USUAL RESIDENCE (| B. COUNTY | If institution: residence before admission |
| HC | OSPITAL OR | | | on, give street address o location | | | nits, write RURAL and giv |
| IN | STITUTION | at Hon | ne | | Baltimore | 2 | 6-36 township |
| c. | Length of stay in B | Baltimore | 48 | Yrs. Mos. Days | 6613 Brown Ave | rural, give location) | |
| | SEX 6.COLO | OR OR RACE | 7. SINGLE WIDOWN Marri | MARRIED. ED, DIVORCED (Specify | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | If Under 1 Year I Under 24 Hou Months Days Hours Min |
| 10 rork | A. USUAL OCCUPATION Adoption of the desired state of the | ON (Give kind of fe, even if retired) | | of Business or INDUSTR | 11. BIRTHPLACE (State or f | oreign country) | 12. CITIZEN OF WHAT COUNTRY |
| 13 | FATHER'S NAME | | MEN | 1 clothing | 14. MOTHER'S MAIDEN N | IAME | |
| | Sam Wojtowicz | | | | Victoria Pesla | | |
| 15 (Yes | s. WAS DECEASED EVER 1 s. no or unknown) (If yes, | N U, S. ARMEI give war or date | D FORCES? | 213-05-6050 | Joseph J. Kowalsk | i 6613 Brown | ADDRESS 1 Ave |
| TION | (This does not mea heart failure, asthen injury or complica ANTECE | nia, etc. It mes tion which of IDENT CAUS | ans the disease caused death. | DUE TO | nory brelise existent: H. | est Pine | ne lys |
| TIFICA | RISE TO THE ABOV UNDERLYING CO | II | AST. | E DUE TD | | | 0 |
| ERTIFICA | RISE TO THE ABOV | II CANT COND | ITIONS CON | E DUE TD (C) | | | 0 |
| CERTIFICA | RISE TO THE ABOV UNDERLYING CO OTHER SIGNIFIC TRIBUTING TO THE | II CANT COND DEATH, BUT OR CONDITION | AST. ITIONS CON NDT RELATE N CAUSING IT | E DUE TD (C) | | | 20. AUTOPSY? |
| AL CERTIFICA | RISE TO THE ABOV UNDERLYING CO OTHER SIGNIFIC TRIBUTING TO THE TD THE DISEASE D | II CANT CONDITION DEATH, BUT OR CONDITION 1 | ITIONS CON NDT RELATE. N CAUSING 17 9B. MAJOR | (C) | RATION in or 21c. WHERE DID | | |
| CERTIFICA | OTHER SIGNIFIC TRIBUTING TO THE TO THE DISEASE D 19A. DATE OF OPERA 21A. ACCIDENT. SUI | II CANT CONDITION DEATH, BUT PR CONDITION ATION 1 CIDE, (y) | ITIONS CON NDT RELATE N CAUSING 11 9B. MAJOR 21B. PLA about home, fs | (C) (C) FINDINGS OF OPE | RATION in or 21c. WHERE DID (NJURY OCCUR?) RED 21f. HOW DID INJUR | If in Baltimore City | 20. AUTOPSY? |
| AL CERTIFICA | RISE TO THE ABOV UNDERLYING CO OTHER SIGNIFIC TRIBUTING TO THE TO THE DISEASE | II CANT CONDITION DEATH, BUT OR CONDITION 1 CIDE. (y) (Day) (Year) | ITIONS CON NOT RELATE CAUSING 17 9B. MAJOR 21B. PLA about home, fa | FINDINGS OF OPE CE OF INJURY (c. g., rm, factory, street, office bldg TIE. INJURY OCCUR! HILE AT NOT WHILE AT WORK | RATION in or 21c. WHERE DID (NJURY OCCUR? RED 21f. HOW DID INJURE | If in Baltimore City | 20. AUTOPSY? YES ND (7, give exact location) |
| AL CERTIFICA | OTHER SIGNIFIC TRIBUTING TO THE TO THE DISEASE D 19A. DATE OF OPER/ 21A. ACCIDENT. SUI HOMICIDE (Specif OF INJURY) 22. I hereby certify deceased alive on | II CANT CONDITION DEATH, BUT DEATH, BUT DEATH, BUT DEATH, BUT DEATH, BUT DEATH, BUT OF CONDITION ATION 1 (CIDE. (Y) (Day) (Year) Ty that I att | ITIONS CON NOT RELATE CAUSING IT 98. MAJOR 21s. PLA about home, fs (Hour) 2 tended the cause of the cause | FINDINGS OF OPE CE OF INJURY (c. g., rm, factory, street, office bldg TIE. INJURY OCCUR! HILE AT NOT WHILE AT WORK | RATION in or 21c. WHERE DID (NJURY OCCUR?) RED 21f. HOW DID INJURE 1957, to 1 urred at 7 2 4 m., from | If in Baltimore City Y OCCUR? | 20. AUTOPSY? YES ND [7, give exact location) SI, that I last saw to the date stated above |
| AL CERTIFICA | OTHER SIGNIFIC TRIBUTING TO THE DISEASE DISEAS | II CANT CONDITION DEATH, BUT DEATH, BUT DEATH, BUT DEATH, BUT DEATH, BUT DEATH, BUT OF CONDITION ATION 1 (CIDE. (Y) (Day) (Year) Ty that I att | ITIONS CON NOT RELATE CAUSING IT 98. MAJOR 21s. PLA about home, fs (Hour) 2 tended the cause of the cause | FINDINGS OF OPE CE OF INJURY (c. g., rm, factory, street, office bldg I.E. INJURY OCCUR! HILE AT NOT WHILE AT WORK deceased from A | RATION in or 21c. WHERE DIDetc.) INJURY OCCUR? RED 21f. HOW DID INJURE | If in Baltimore City Y OCCUR? | 20. AUTOPSY? YES ND [7, give exact location) SI, that I last saw to the date stated above |
| MEDICAL CERTIFICA | OTHER SIGNIFIC TRIBUTING TO THE DISEASE DISEAS | II CANT CONDITION DEATH, BUT DEATH, BUT DEATH, BUT DEATH, BUT DEATH, BUT DEATH, BUT OF CONDITION ATION 1 (CIDE. (Y) (Day) (Year) Ty that I att | ITIONS CON NOT RELATE. N CAUSING 17 9B. MAJOR 21B. PLA about home, fse (Hour) 2 m. tended the control of th | FINDINGS OF OPE CE OF INJURY (e. s., rm, factory, street, office bldg THE INJURY OCCUR! HILE AT NOT WHILE AT WORK deceased from Journal of that death occur and that death occur. | RATION in or 21c. WHERE DID (NJURY OCCUR?) RED 21f. HOW DID INJURE 1957, to 1 1238. ADDRESS ERY ON CREMATORY 240. 1 | If in Baltimore City Y OCCUR? | 20. AUTOPSY? YES ND [No |





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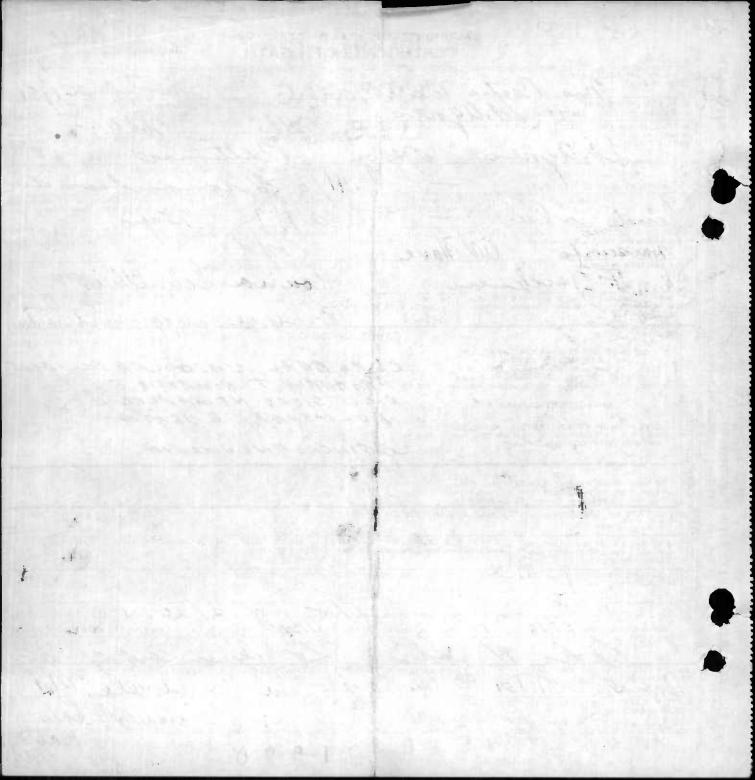
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BALTIMORE CITY HEALTH DEPARTMENT

51 1299

| 1 | BIRTH NO. | CERTIFICAT | E OF DEATH | Registered 2 | No. | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|
| | Type or Print) Mrs. Bertie | Welch | | 2. DATE OF DEATH | 6. 26 1951 | |
| 1 | B. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF (If not in hospital or instit | ques won, give street address or | 4. USUAL RESIDENCE | | | |
| | HOSPITAL OR NSTITUTION SU. agnes | location) | | lf outside corporate limi | ts, write RURAL and give | |
| 7 | . Length of stay in Baltimore | Mos. Days | D. STREET ADDRESS (141/6 | f rural, give location) | low are | |
| 11 | Semale white WIDO | LE, MARRIED, WED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) Me | ff Under 1 Year on the Days Hours Min. | |
| We | O. USUAL OCCUPATION (Givekind of 10B. KIN rydooedwring most of working life, even if retired) | ID OF BUSINESS OR INDUSTRY | 11. BIFTMPLACE (State or | foreign country | 12. CITIZEN OF WHAT COUNTRY? | |
| | Mm of Hickma | n | 14. MOTHER'S MAIDEN I | Schutt | leis | |
| 0 | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, oo or uoknowo) (If yee, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | DDRESS aug | |
| | 18. 332X DISEASE OR CONDITION DIRECTLY | | OF DEATH | The same of the sa | INTERVAL BETWEEN ONSET AND DEATH | |
| | (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise | .g., (A) CE A | & BRAL U | | | |
| | injury or complication which caused dea | R164 | SARLY TLA | MAPLEG | 1/2 | |
| NOIT | DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. | THE DUE TO | LMONBRY | | | |
| IFIC. | | (C) | WCLOPNEU | MON 19 | | |
| FRTIE | TRIBUTING TO THE CEATH, BUT NOT RELA | TED | | | | |
| DICAL | 19a. DATE OF OPERATION 19B. MAJO | R FINDINGS OF OPER | ATION | | 20. AUTOPSY? | |
| MEDIC | CAUSE OF DEATH | ACE OF INJURY (e. g., ic e, farm, factory, street, office bldg., e | | (If in Baltimore City, | give exact location) | |
| | 210. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRI | ED 21F. HOW DID INJUE | RY OCCUR? | | |
| | 22. I hereby certify that I attended the deceased from 2/6, to 2/26, 195%, that I last saw the deceased alive on 2/26, 195%, and that death occurred at 11:10 m., from the causes and on the date stated above. | | | | | |
| | | | red at //:/o Th., from | | he date stated above. | |
| - I | AA) BURIAL CREMA: 24B. DATE | 11 18 | RY OR CREMATORY 240 | LOCATION (Cov. town | or county) (State) | |
| - | DATE RECEIVED BY REGISTRAR'S SIGNAT | URE QUE | 25. FUNERAL DIRECTOR | soletvill | ADDRESS | |
| = | OFEBERIATES To the glove Mills | and their | Wm. J. | relever | + sais | |
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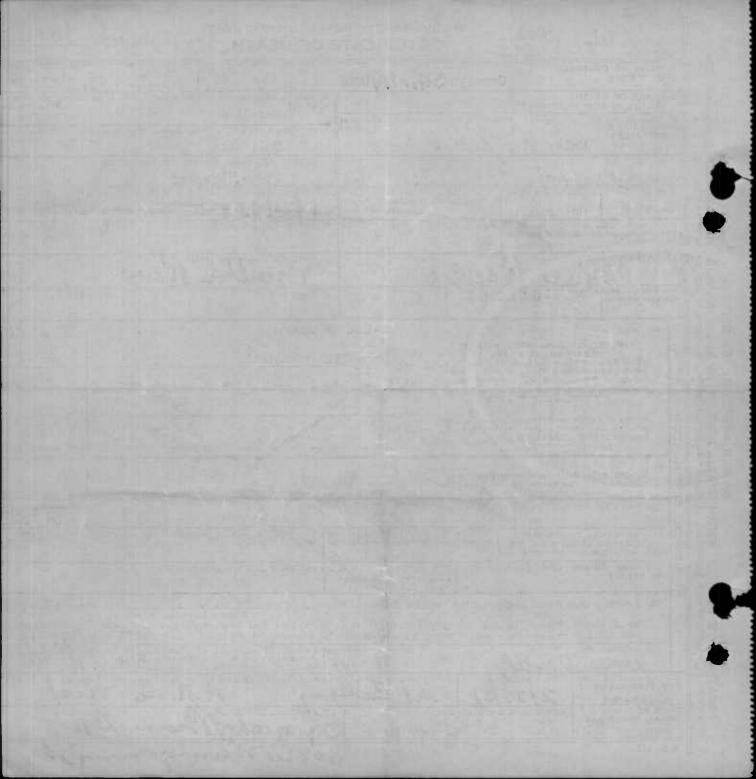
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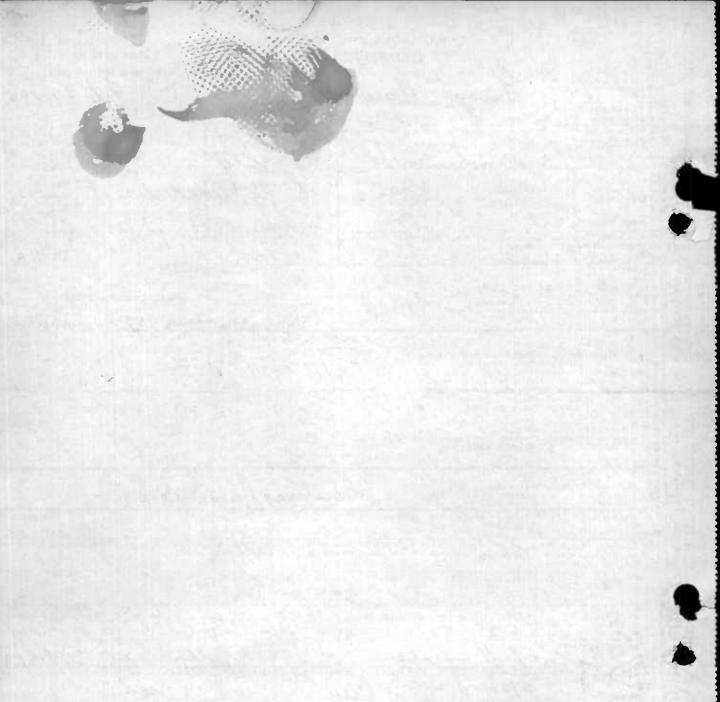
BALTIMORE CITY HEALTH DEPARTMENT

| 0 | J. | 1 | 8 | 9 | 3 |
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| BIRTH NO. CERTIFICATE OF DEA | | | | | | ATH Registered No. | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|--------------------------------|--|
| | NAME OF DECEASED Type or Print) Karl F. Grempler | | | | 2. DATE OF THE DMI 2 | y 25th 1951 | | |
| | PLACE OF DEATH: Baltimore City, Maryland | | 4. USUAL RESIDENCE (| | | | | |
| B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 2311 Garrison Blvd. | | | | location) | Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township | | | |
| - | Length of s | tay in Raltimore | | Yrs. Mos. | o. street Address (1) | | | |
| WIDOWED, DIVORCED (Specify) | | | 8. DATE OF BIRTH | 9. AGE (In years) HU | nder 1 Year M Under 24 Hours ths: Days Hours Min. | | | |
| male white married 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) the ntist life was a superior working life. | | | | OF BUSINESS OR | April 13, 1895 11. BIRTHPLACE (State or) Maryland | foreign country) 1 | 12. CITIZEN OF WHAT COUNTRY | |
| 13 | 13. FATHER'S NAME Edward F. Grempler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (It wes, size wer or dates of pervice) Yes World War #1 SECURITY NO. no | | | | 14. MOTHER'S MAIDEN NAME | | | |
| 15 | | | | | Grace Deems 17. INFORMANT Mrs. Karl F. G | | DRESS Garrison Blue | |
| ERTIFICATION | heart failt injury or DISEASE RISE TO 1 UNDERL' | LEADING TO DEA s not mean the mode of the asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA | of dying, e. ; ans the diseas caused death SES . F ANY, GIVIN STATING TH AST. | (B) OUE TO (B) Chroise (C) | Ryportagine | sidio va sene | syre. | |
| U | TO THE DISEASE OR CONDITION CAUSING IT. | | | ATION | | 20. AUTOPSY? | | |
| EDICAL | 21a. ACCIDE HOMICIDE | ENT, SUICIDE, (Specify) | | ACE OF INJURY (e. g., i | | (If in Baltimore City, give | VES NO NO Ve exact location) | |
| MEG | 210. TIME (Month) (Day) (Year) (Hour) 210. TIME (Month) (Day) (Year) (Hour) 2110. TIME (Month) (Day) (Year) (Hour) 212. I how DID INJURY OCCUR? 213. TIME (Month) (Day) (Year) (Hour) 214. NOT WHILE AT WORK 215. HOW DID INJURY OCCUR? 216. HOW DID INJURY OCCUR? 217. HOW DID INJURY OCCUR? 218. HOW DID INJURY OCCUR? 219. How DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 2110. TIME (Month) (Day) (Year) (Hour) 2111. How DID INJURY OCCUR? 2111. How DID INJURY OCCUR? 2121. How DID INJURY OCCUR? 2131. SIGNATURE 2131. SIGNATURE 215. HOW DID INJURY OCCUR? 216. How DID INJURY OCCUR? 216. How DID INJURY OCCUR? 217. How DID INJURY OCCUR? 218. How DID INJURY OCCUR? 219. How DID INJURY OCCUR? 219. How DID INJURY OCCUR? 219. How DID INJURY OCCUR? 220. How DID INJURY OCCUR? 2210. Thereby certify that I attended the deceased from Accurred at | | | | | | | |
| 24 TIC | AA. BURIAL. | CREMA- 24B. DATE Specify) 2/28/ | 1.1.2 | M. O. 24c. NAME OF CEMETE Druid Ridge | | LOCATION (City, town, or | or county) (State) | |
| D/ LC | ATE RECEIVE DCAL REGIST | D BY REGISTRAR | S SIGNATU | | 25 FUNERAL BIRECTOR | | address valto | |
| | - VS 150 | 1331 | | 0328 | 3 1 8 9 | 1 93 | 5 md. | |

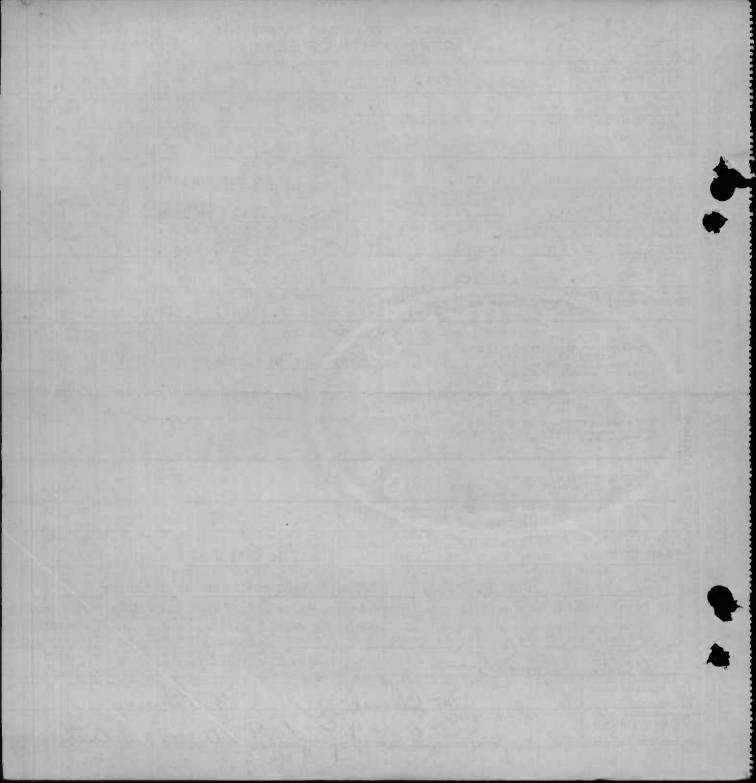
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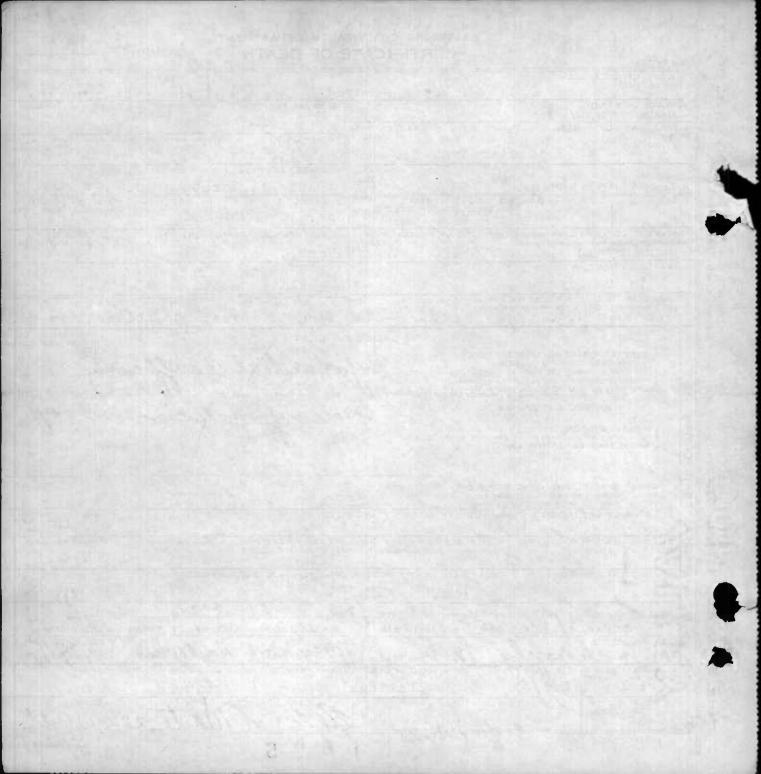
SITE: NLY, WITH UNFADING INK. Every item of information slips especially important. Physicians: please write the causes of death clear MARGIN RESERVED FOR BINDING

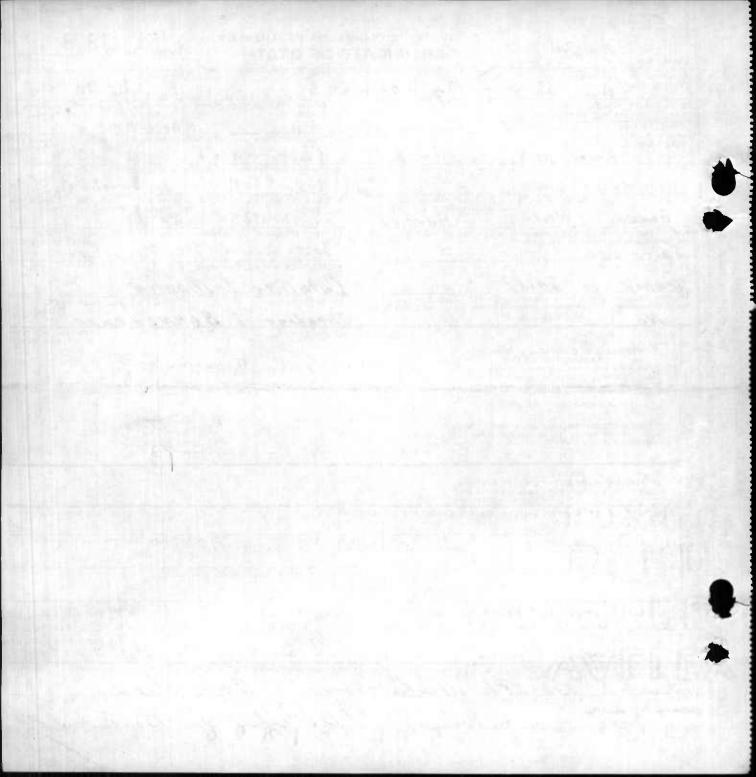
BALTIMORE CITY HEALTH DEPARTMENT

1897

| BIRTH NO. | | CERT | IFICAT | E OF DEATH | are Bistered | 110, |
|------------------------------|--------------------------------------------------------------------------|---------------------------------------------|------------------------------------------|----------------------------|-----------------------|---------------------------------|
| 1. NAME OF (Type or Print | 1 | | | | 2. DATE | |
| (Type or Frint | Llo | oyd M. Koye | r (Ro | 7e) | DEATH Feb | . 26,1951 |
| 3. PLACE OF | DEATH: | | | 4. USUAL RESIDENCE | Where deceased lived. | lf institution : residence |
| | City, Maryland E OF (If not in hospit | al or institution give at | troot address ar | A. STATE Md | B. COUNTY | before admissi |
| HOSPITAL OF | ₹ | ar or mistreation, give s | location) | | outside corporate lim | its, write RURAL and |
| INSTITUTION | 4303 Reis | terstown R | d. | Baltimore | 15- | 1 towns |
| | | | Yrs. | D. STREET ADDRESS (If | rural give location) | 1 |
| a Longth of | stay in Baltimore | 20 Yrs | Mos. | 4303 Reister | | |
| 5. SEX | 6. COLOR OR RACE | | Days | 8. DATE OF BIRTH | 9. AGE (In years) | If Under 1 Year It Under 24 h |
| M | W | WIDOWED, DIVO | RCED (Specify) | Jan.31,1898 | last birthday) | Months Days Hours M |
| 10A. USUAL C | CCUPATION (Givekindof | 108. KIND OF BUS | | 11. BIRTHPLACE (State or f | oreign country) | 12. CITIZEN OF |
| Nurse: | et of working life, even if retired) TVMAN | Self | INDUSTRY | Darby, Pa | | WHAT COUNT |
| 13. FATHER'S | | 5022 | | 14. MOTHER'S MAIDEN N | AME | |
| | vid Royer | | | | | |
| | | Sonores Lie co | 2141 | Lillian Met | | |
| (Yee, no or unknow | SED EVER IN U. S. ARME n) (If yee, give wer or date | FORCES? 16. SOC s of service) SEC | 07-678 | 17. INFORMANT | | ADDRESS |
| Yes | W.W.l | ST8- | 07-678 | Edna C. Royer | ,4503 Rei | terstown Ro |
| 18. 4 | 001 | | CAUSE | OF DEATH | | INTERVAL BETW |
| neart 1a | pes not mean the mode ilure, asthenia, etc. It mes or complication which | ns the disease, caused death.) DUE | то 0 | focardial w | 10 | J |
| RISE TO | SES OR CONDITIONS, IN THE ABOVE CAUSE (A) | (E F ANY, GIVING STATING THE DUE | | rousy on | lusion | 3 days |
| Ē. | | _(0 | s) | | •••• | |
| ₩ TRIBUTI | SIGNIFICANT COND | NOT RELATED | | | | |
| | OF OPERATION | 98. MAJOR FINDING | GS OF OPER | RATION | | 20. AUTOPSY |
| | 0 | | | | | YES NO |
| | DENT, SUICIDE, (Specify) | 21B. PLACE OF It about home, ferm, factory, | NJURY (e. g., i street, office bldg., | n or 21c. WHERE DID (| If in Baltimore City, | , give exact location) |
| 21D. TIME OF INJUR | (Month) (Day) (Year) | WHILE AT | NOT WHILE | | Y OCCUR? | |
| 00.71 | 1 | m. WORK | AT WORK | 2 3 7 | -/2/- | <i><1.</i> , |
| 22. I her | eby certify that I att | ended the deceased | d from | 19 /, 10 | | 5/that I last saw |
| | | , 19 1, and that | | rred at 3.00 A. m., from t | he causes and on | |
| 23A. SIGN | . Shorofek | L M.D. | м. р. | 4734 Park 15 | rights are | 23c. BATE 91GN |
| 10N REMOVAL | (Specify) | | E OF CEMETE Nationa | | ocation (City, tow | n, or county) (Stat |
| DATE RECEIV | EL BY REGISTRAR | | | 25 FUNERAL DIRECTOR | 111 | ADDRESS |
| LOCAL REGIS | | 3 SIGIANIONE | | 23 DINERAL DIRECTOR | | ADDRESS |
| R / / INA | STRAR | Som Wes | | Telia Sh | 1/1/0 28 | WALL CAL |
| VS 150 | STRAR | Jon William | (64.44.89 | Ellis S, h | hite 28 | 40 W. Cold |

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| J. 52 | 5 1 |
|-----------------------------------------------|-----|
| BIRTH NO. | |
| 1. NAME OF DECE (Type or Print) | ASI |
| 3. PLACE OF DEAT A. Baltimore City | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION | 1 |
| 00 | |

| Segistered | No | 1 | 8 | 99 | |
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| ee gratereu | 7100 | | | | - |

| B | ST 1899 CERTIFICAT | E OF DEATH Registered No. |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| | NAME OF DECEASED Type or Print) JOHN HENRY JOI | +NSON 2. DATE OF DEATH 2 /25/51 |
| A | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) |
| H | FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR 19 W. Hell L | |
| c | Length of stay in Baltimore 29 | D. STREET ADDRESS (If rural, give lucation) |
| | Male Col 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify | 8. DATE OF BIRTH 9. AGE (In years H Under 1 Year H Under 24 Hours Min. |
| | DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTR Laborer Serbluers 60 | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 1 | 3. FATHER'S NAME | 14. MOTHER DIAIDEN NAME |
| 1 (Y | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Bafter 19 W Hill V |
| | 18. / 5/ X CAUSE | OF DEATH INTERVAL BETWEEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | crime of 10 ms. |
| RTIFICATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | John Hopen. |
| ERTIFIC | OTHER SIGNIFICANT CONDITIONS CON- | , |
| U | 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE | RATION 20. AUTOPSY? |
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| M | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY m. WHILE AT NOT WHILE AT WORK | |
| | deceased alive on 1, 19, and that death occur | urred at 19, m., from the causes and on the date stated above. |
| - | AA. BURIAL CREMA! 24B. DATE 24C. NAME OF CEMET | 238. ADDRESS 23c. DATE SIGNED V V V Le ~ 245. ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) |
| 3 | Jurial 2/28/5/ mt Culu | un lt Calto City |
| | OCAL REGISTRAR REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR 1082 ADDRESS |
| | vs 150 | 1000 |

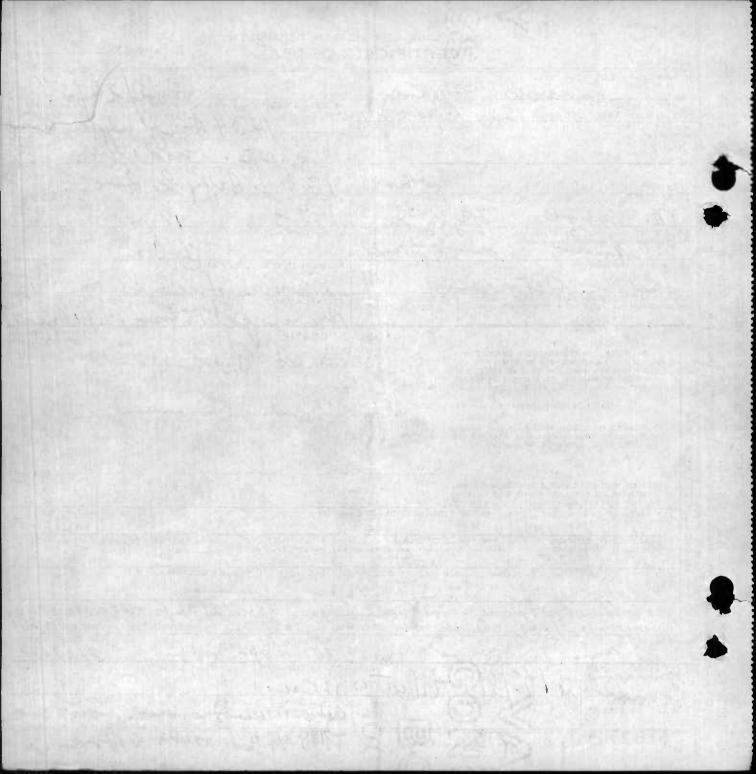
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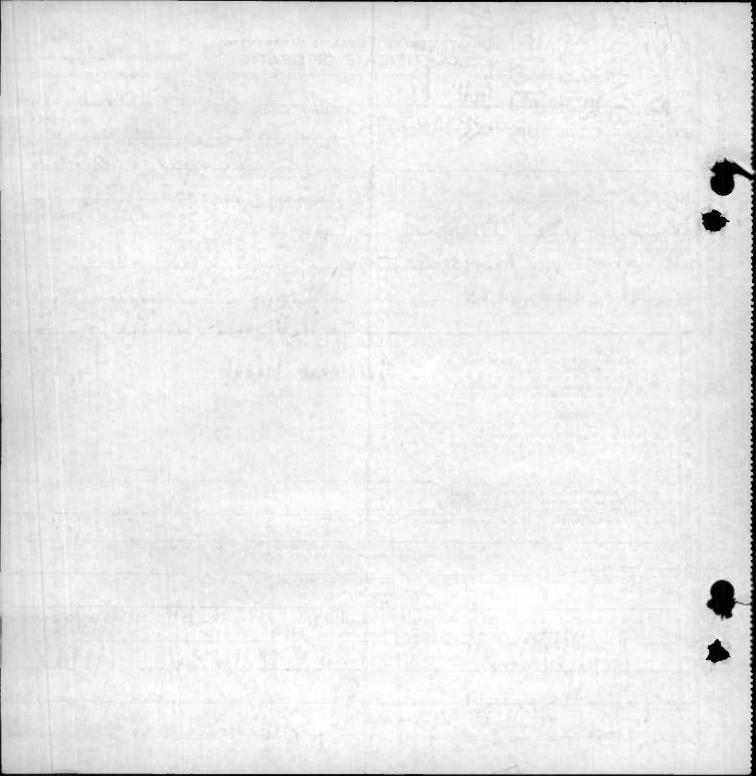


Physicians:

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BALTIMORE CITY HEALTH DEPARTMENT

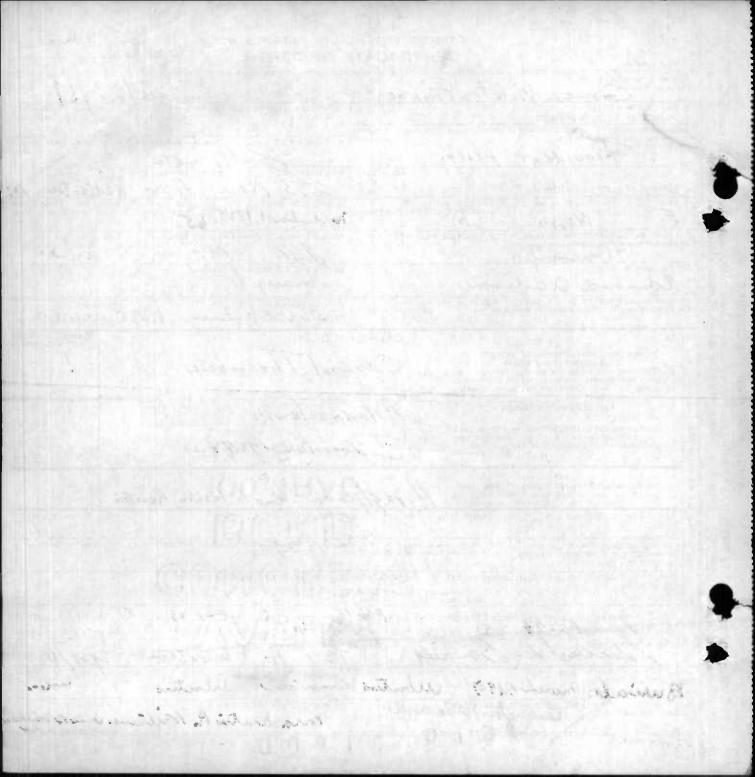
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : before admission) A. Baltimore City Maryland B. COUNTY (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (1f rural, vivenocation c. Length of stay in Baltimore Days 6. COLOR OR RACE, 7. SINGLE, MARRIED. 9. AGE (In years last birthday) Months: Days Hours Min. OWED, DIVORGED (Specify) 1QA. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or KIND OF BUSINESS OR Ioreign country) 12. CITIZEN OF work done during most of working life, even if retired WHAT COUNTRY? MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT AT WORK 19 50 to 26 1931, that I last saw the 22. I hereby certify that I attended the deceased from 19_\$1 and that death occurred at 1.10 R.m., from the causes and on the date stated above. deceased alive of 23C. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS W NON, REMOVAL (Specify) (State) DATE RECEIVED BY REGISTRAR'S SIGNA RUNERAL DIRECTOR LOCAL REGISTRAR



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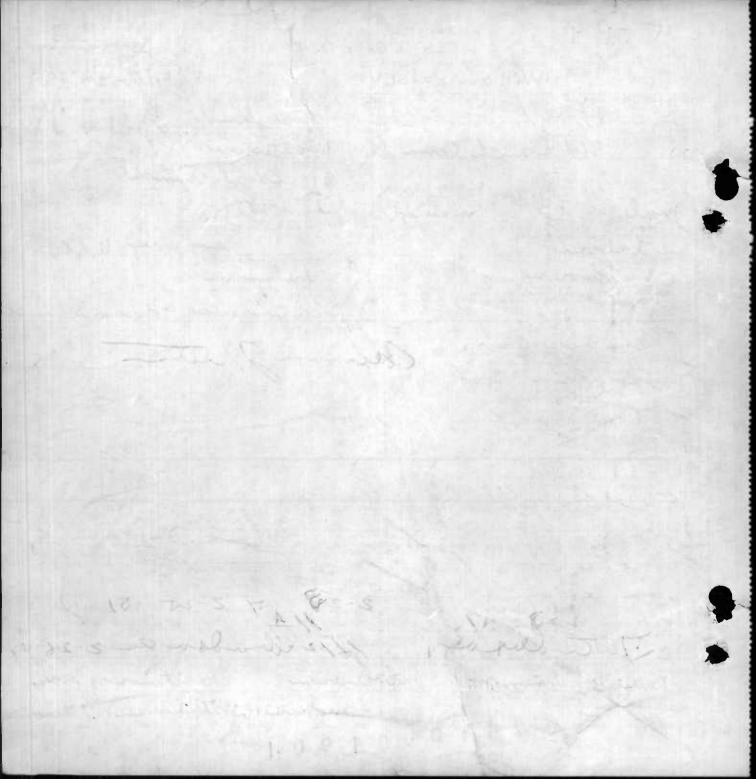
| | | 1-5. | 45 | BA | LTIMORE CITY H | EALTH DEPARTMEN | - X 51 | 1902 |
|--------|--------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------|--------------------------|-----------------------------------------|-----------------------------------------------------|
| | BI | RTH N5.1 | 1902 | | | E OF DEATH | Registered N | / |
| | 1 | NAME OF DECE | ASED | | 0 | | 2. DATE | |
| | | | race Vi | let | tinknay | | OF DEATH & | 23/57 |
| | Α. | Baltimore City | , Maryland | | / | 4. USUAL RESIDENCE | (Where deceased lived, If | institution: residence before admission) |
| | HO | DSPITAL OR | (If not in hospit | al or institut | tion, give street address or location) | | (If outside corporate limit | MAA A |
| | JV JV | STITUTION | ovidant | 1-105 | r pr. | Ral | t, more | township) |
| Kun | 0 | | | | 70 Yrs. Mos. | D. STREET-ADDRESS | (If rural, give location) | 2111 |
| ial I | | Length of stay | in Baltimore | 7 SINCE | Days E. MARRIED. | B. DATE OF BIRTH | 1/1 | eistartown 1 |
| E . | | F | Negro | WIDOV | VED, DIVORCED (Specify) | 20 vember 1, 188 | 5 6 st birthday) Mo | under I Year If Under 24 Hours nths Days Hours Min. |
| crear | work | | king life, even if retired) | 10s, K1NI | O OF BUSINESS OR INDUSTRY | | Ma. | 12. CITIZEN OF WHAT COUNTRY? |
| arm | 13 | FATHER'S NAM | . 0. 1 1 | | | 14. MOTHER'S MAIDEN | | MATERIA DE LA COMP |
| an I | 15 | . WAS DECEASED E | | | 16. SOCIAL | | | |
| o sas | (Yes | , no or uokoowo) (1 | f yes, give war or date | of service) | SECURITY NO. | J. De Witt Pin | | raddish any |
| can | | 18. 2607 | | E95 | 7.3 CAUSE | OF DEATH | | ONSET AND DEATH |
| riic | | LE. | OR CONDITION | TH | Car | abal Throm | Lasie | 7 |
| are | | heart failure, a | mean the mode of sthenia, etc. It mean plication which c | ns the diseas | se. | | 70070 | |
| M | | | ECEDENT CAUS | | /7 / | 1. | |) |
| dan | Z | DISEASES OF | CONDITIONS, II | ANY GIVIN | | no sclarusis | *************************************** | |
| d, | ATIC | RISE TO THE | BOVE CAUSE (A) | STATING TH | HE DUE TO | inhatas Mal | 1. 7,40 | |
| allis | FIC | | | | (C) | | | |
| nyarcı | ERTIFICATION | TRIBUTING TO | II IFICANT CONDITHE DEATH, BUT SE OR CONDITION | NOT RELATE | D Hanch | comia - deno to | la salia Reaction | |
| | 7 | 19A. DATE OF O | | | FINDINGS OF OPER | | | 20. AUTOPSY? |
| alle | CAL | 214 ACCIDENT | WAS UNDER | 1 21a PL | ACE OF INJURY (o. g., i | o or 21c, WHERE DID | (If in Baltimore City, g | YES NO |
| India | MEDI | LYING OR CO | NTRIBUTING | about home, | farm, factory, street, office bldg., | injury occur? | (II in Daltimore City, g | ive exact location) |
| | | 21D. TIME (Mon OF INJURY | th) (Day) (Year) | ` ' | 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK | | RY OCCUR? | |
| | | 22. I herebmce | rtify that I att | | deceased from tob | 18 195/ to | Feb 23 , 15/ | that I last saw the |
| des | | deceased glive | on 12613 | , 1951 | and that death occur | rred at 6.10 4. m., from | the causes and on th | re date stated above. |
| K | | 23A. SISHATUR | best L- | Bou | a/celd M.D. | 722 n. Tu | I Con live | 2/24/3/ |
| ברו מו | TIC | BURIAL, CREMONAL (Special | hach | - 1/ | . Whites | menoval 240 | LOCATION (City, town, | or county (State) |
| 7700 | | TE RECEIVED BY | The second secon | S. SIGNATI | thanks, Miss | 25. FUNERAL DIRECTOR | R. A V. 7/ . | ADDRESS |

·· Trai 20. AUTOPSY7 YES City, give exact location) 191, that I last saw the on the date stated above. 23c, DATE SIGNED 2/24 town, or county (State) mole -ADDRESS



| B | 75 | 0 |
|-----|----|-----|
| /\- | 51 | 903 |

| | 81 | RTH NO. | CATI | E OF DEATH | Registered N | 0 | |
|-------------|-------------|----------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|-----------------------------|--------------------|---------------------------------------|
| | | NAME OF DECEASED William Raisiv | ν. | • | 2. DATE OF Jeb. | 24,1 | 1951. |
| | | PLACE OF DEATH: Baltimore City, Maryland | TITL. | 4. USUAL RESIDENCE | | | residence e admission) |
| | HC | FULL NAME OF (If not in hospital or institution, give street ad OSPITAL OR | dress or | | If outside corporate limits | muita DIID | , , , , , , , , , , , , , , , , , , , |
| | IN | 910 Sarah am S | t | Baltimor | w' S | O | township) |
| 2 | | | Yrs. Mos. | | f rural, give location) | | |
| , | | Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. | Days | 8. DATE OF BIRTH | | | If Under 24 Hours |
| | - | male C WIDOWED, DIVORCED | (Specify) | July 4, 1895 | last birthday) Mon | ths Days | Hours Min. |
| 200 | Work | A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS done during most of working life, even if retired) | OR USTRY | 11. BIRTHPLACE (State or | foreign country) | 12. CITIZE WHAT | N OF COUNTRY? |
| | 13 | Vinbrow. | | 14. MOTHER'S MAIDEN | NAME | 4.4570 | • |
| | 15 (Yes | (If yes, give war or dates of service) (If yes, give war or dates of service) | NO. | 17. INFORMANT | some. 910 la | DRESS | 1 |
| 5 | T | 18. / F U V CA | USE | OF DEATH | (10 3200 | | AL BETWEEN |
| | z | | ec | inone 3/1 | ech | | |
| Total Total | RTIFICATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) | ••••• | | | | |
| | CERTIF | II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | |
| | | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF | OPER | ATION | | | UTOPSY? |
| | EDICAL | 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, off | | | (If in Baltimore City, gi | ve exact lo | ocation) |
| | Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF | CCURR | ED 21F. HOW DID INJUI | RY OCCUR? | | |
| | | WHILE AT NO | TWORK | | | | |
| 1 | | 22. I hereby certify that I attended the deceased from deceased alive on 2 2, 1941, and that death | | | the causes and on the | that I la | st saw the |
| | | 23A. SIGNATURE | | | OA 11 60 | 23c. DAT | E SIGNED |
| o l | 24 | AA. BURIAL, CREMA-1 24B. DATE 24C. NAME OF C | . D. C | RY OR CREMATORY 24D. | LOCATION (City, town, | Z-2 | (State) |
| | TIC | N DEMOVAL (Specify) | | nbrun | Baltimore | , | |
| | | ATE RECEIVED BY REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR | b 4.7 | ADDRESS | , |
| Q | 7 | 7 1959 Milliams, Al | 1 | mrs. Kati R. W | 2000ms. 322 | r. Sch | wooderdes |
| | 5 | Vs-150 |) 1 | 901 | | 111 | 2 |



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| 51 IRTH NO. | 1904 |

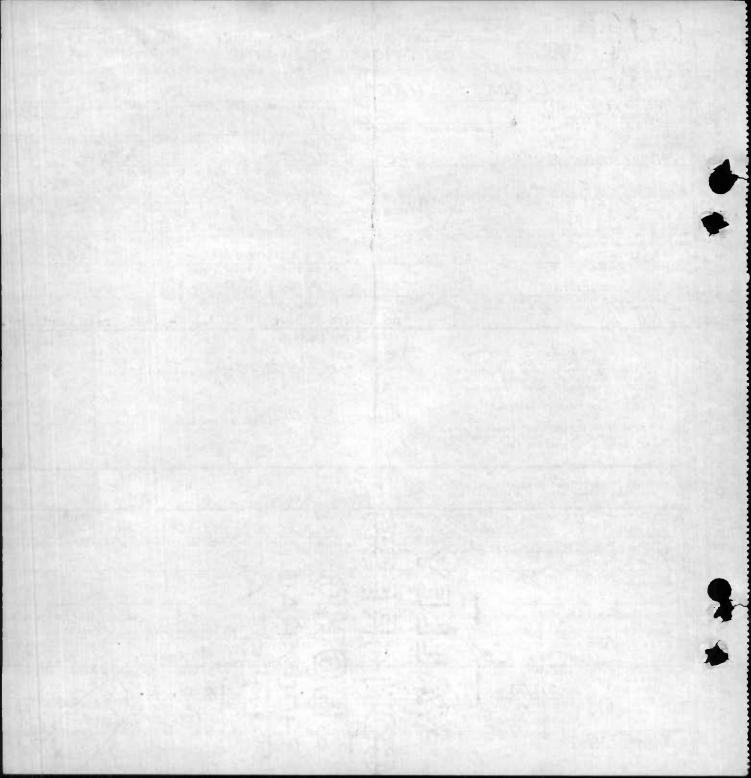
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 Registered No. 1904

| B. FULL NAME OF (if not in bospital or institution, give street, address or location) 7301 Park Heights Ave. 81 STREET ADDRESS (if rural, give location) 7301 Park Heights Ave. 8. DATE OF BIRTH 8. DATE OF BIRTH 9. ACE (in years) 10. DATE OF DEATH 10. DATE OF OPERATION 10. DATE O | (T) | NAME OF D | Tillie | Klee H | erzog | | I DEATH | b. 26,1951 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|---------------------------------|-------------------------------------------------------|------|
| C. Length of stay in Baltimore 3 years bear of Stay in Baltimore 4 years bear of Stay in Baltimore 3 years bear of Stay in Baltimore 2 years bear of Stay in Baltimore 3 years bear of Stay in Baltimore 2 years bear of Stay in Baltimore 3 years bear of Stay in Baltimore 2 years bear of Stay in Baltimore 3 years bear of Stay in Baltimore 3 years bear of Stay in Baltimore 2 years bear bear of Stay in Baltimore 3 years bear bear of years bear bear o | B. I | Baltimore (FULL NAME OSPITAL OR | City, Maryland OF (If not in hospit | al or institut | ion, give street address o location | - Maryland | B. COUNTY | before admissi | rive |
| C. Length of stay in Baltimore 3 years Mos. 5. SEX | 1 | 10 | 7301 Park | Heigh | | | | 27-2 townsh | ip) |
| Female White Widowed Female Widowed Female Widowed Feb. 12, 1860 IDA USUAL OCCUPATION (Girkinder Widowed) Feb. 12, 1860 IDA WIDOWED WITCE IDA WIDOWED WIDOWED WHAT COUNTY IDA WIDOWED WIDOWED WHAT COUNTY IDA WIDOWED WITCE IDA WIDOWED WIDOWED WHAT COUNTY IDA WIDOWED WIDOWED WIDOWED WHAT COUNTY IDA WIDOWED WIDOWE | | | tay in Baltimore | 3 yea | ma Mos. | 7301 Park | Heights Av | | |
| INDUSTRY Pittsburgh, Pa. WHAT COUN House wife What Coun House wife Ho | Fe | emale | White | Mido | E. MARRIED. /ED. DIVORCED (Specify WED. | \ | 9. AGE (In years last birthday) | H Under Year If Under 24 H Months Days Hours M | in. |
| Joseph Kiee 15. Was decreased ever in u. s. armed forces? (Yes, no or unbown) (If yes, give war or detee of service) (To, no or unbown) (If yes, give war or detee of service) (To, no or unbown) (If yes, give war or detee of service) (To, no or unbown) (If yes, give war or detee of service) (To, no or unbown) (If yes, give war or detee of service) (To, no or unbown) (If yes, give war or detee of service) (To, no or unbown) (If yes, give war or detee of service) (To, no or unbown) (If yes, give war or detee of service) (To, no or unbown) (If yes, give war or detee of service) (To, no or unbown) (If yes, give war or detee of service) (To, no or unbown) (If yes, give exact location) (To, no or unbown) (If yes, give exact location) (To, no or unbown) (If yes, give exact location) (To, no or unbown) (To, | 10/ work | done during most | f working life even if retired) | 108. KIND | | / | | 12. CITIZEN OF WHAT COUNTS | |
| 15. NAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or wiknown) (If yea, give was or date of service) (If year) (I | | | | | | | | | |
| DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asherina, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS. IF ANY, CIVING RISE TO THE ABOVE CAUSE (A.) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING SHOULD HOME, farm, festory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING SHOULD HOME, farm, festory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING SHOULD HOME, farm, festory, street, office bidg., etc.) 21B. PLACE OF INJURY (e.g., io or INJURY OCCUR? AND ADD ADD ADD ADD ADD ADD ADD ADD ADD | 15. | . WAS DECEASI | D EVER IN U. S. ARMEI | FORCES? s of service) | | 17. INFORMANT Phillip Hambu | rger 7301I | ADDRESS k. Heights | = |
| TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., io or INJURY OCCUR? 21C. WHERE DID INJURY OCCUR? INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. How D | FA | OISEAS (This does heart failu injury or | EE OR CONDITION LEADING TO DEA: not mean the mode ore, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) | TH If dying, e. g Ins the discas- Seaused death SES F ANY, GIVIN STATING TH | | | failure of disase | 3 days | |
| 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING blow bout home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING blow bout home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., io or live of live or live of live or live of live or live of live or li | ш | TRIBUTING | IGNIFICANT CONDI | NOT RELATE | 1- :D | | | | |
| CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. hereby certify that I attended the deceased from Feb., 1941, to teb 16, 1951, that I last saw deceased alive on 1951, and that death occurred at 7.1. m., from the causes and on the date stated at 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 124C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE 124C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Page 1951, to teb 16, 1951, that I last saw deceased alive on 1951, that I last saw dec | AL | 19A. DATE C | F OPERATION 1 | 98. MAJOR | FINDINGS OF OPE | RATION | | 20. AUTOPSY | 9 |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Feb., 1949, to teb 16, 1951, that I last saw deceased alive on 125. 1951, and that death occurred at 7. m., from the causes and on the date stated at 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS M. D. 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) State of County (State of County) Pittsburgh, Pa. | EDIC | LYING OF | CONTRIBUTING | 218. PLA about home, f | ACE OF INJURY (e. g., farm, factory, street, office bldg. | io or 21c. WHERE DID (otc.) INJURY OCCUR? | (If in Baltimore City | give exact location) | |
| deceased alive on 43. 26, 1971. and that death occurred at 7. m., from the causes and on the datc stated at 23a. SIGNATURE 23a. ADDRESS 23B. ADDRESS 23C. DATE SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (St. Burial Feb. 28, 1951 West View Cemetery) Pittsburgh, Pa. | Σ | 21D. TIME (OF INJURY | Month) (Day) (Year) | m. | WHILE AT NOT WHILE WORK AT WORK | | | | |
| 23a. BIGNATURE 23a. BIGNATURE N.D. 23b. ADDFESS 27 Feb. 19. 24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Feb. 28, 1951 West View Cemetery Pittsburgh, Pa. | | deceased al | ive ontab. 26 | ended the | deceased fromand that death occu | rred at 7. 6 m., from | the causes and on | I, that I last saw the datc stated abo | vc. |
| Burial Feb.28,1951 West View Cemetery Pittsburgh, Pa. | | 234. SIGNA | URE and | rust | ut M.D. | 1207 Enter (| lea | 27 Feb. 195 | |
| | | A. BURIAL, ON, REMOVAL (S | REMA- 24B. DATE pecify) | | 4 | | OCATION (City, tow | n, or county) (Stat | e) |
| LOCAL REGISTRAR SIGNATURE DIRECTOR DIRECTOR ADDRESS DIRECTOR 1902 Eutaw Place | 2000 | urial | | ,1951 | West View C | emetery/ Pit | tsburgh. I | a. | |

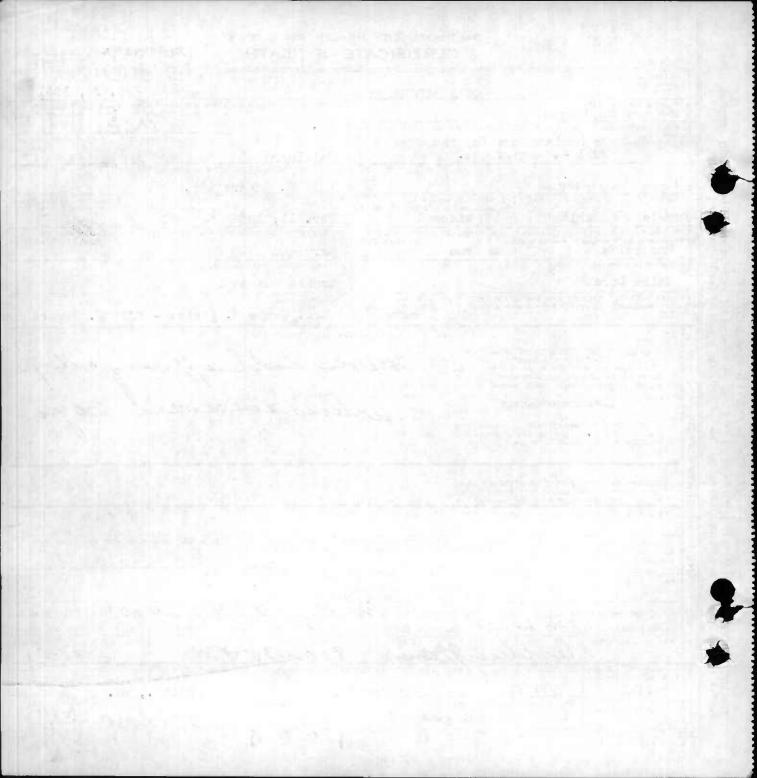
Linguestics Need Jackey Astaco televille hear comenty Sold In 122 The restores I correlated the world out to the pure of the

| 1 | · A A Oilia | HEALTH DEPARTMENT 51 1905 TE OF DEATH Registered No. |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 1. | NAME OF DECEASED | 12 DATE |
| | ype or Print) LINDA E.LIBHART | OF 2. 27-51 |
| A. | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission |
| HO | FULL NAME OF (If not in hospital or institution, give street address of spiral or institution of street address of spiral or institution, give street address of spiral or institution. | C. CITY OR TOWN (If outside corporate limits, write RURAL and giv |
| | MARYLAND GENERAL HOSPITAL. | BALTIMORE 9-03 township |
| C | Yrs. Length of stay in Baltimore Yrs. Mos. Days | 21111 FOSEWANNE AVE #10 |
| | SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specif | B. DATE OF BIRTH 9. AGE (In years) If linder 1 Year If linder 24 House |
| ork | A. USUAL OCCUPATION (Givekind of Redoneduring most of working life, even if retired) HSWF at home | 11. BIRTHPLACE (State or foreign country) PENNSYLVANIA 12. CITIZEN OF WHAT COUNTRY |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 15 | ? Badders . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL | MARY SPENCE |
| Yes | s, no or unknown) (If yes, give war or dates of service) SECURITY NO. | NrsJESSIE KOONS - 3641 Greenmount Ave |
| | 18. 420. CAUSE | OF DEATH INTERVAL BETWEE |
| | LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES | alized arterio sclerosis |
| ICATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | |
| CERTIFIC | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | phiagnatic Alexess |
| 7 | 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE | BIDGOED! (MOLE DOCHOLATINO) |
| 1EDICA | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg | in or 21C. WHERE DID (If in Baltimore City, give exact location) |
| 2 | 2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCUR! OF INJURY m. WHILE AT NOT WHILE AT AT WORK AT WORK | E |
| | 22. I hereby certify that I attended the deceased from deceased alive on 2. 251. and that death occur | 2.3 1951, to 2.27, 1951, that I last saw the urred at 400 Am., from the causes and on the date stated above |
| 24 | 23A. SIGNATURE DATE COLUMN D. M. D. | Many of Level. Harp. 23c. DATE SIGNED |
| TIO | Removal 3/1/51 Laurel Hil | |
| | TE RECEIVED BY REGISTRAR'S SIGNATURE | 35 FUNERAL DIRECTOR |



| B | -3 | 24 | 1906 |
|---|----|--------|------|
| | | C ==== | |

| | RTH NO. | OEKTII TOXT | E OF DEATH | Registered | |
|--------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------|----------------------|-----------------------------------------------|
| | NAME OF DECEASED 'ype or Print) | | | 2. DATE OF | |
| 9 | PLACE OF DEATH: | EMMA BATCHELOR | # 4 HSH41 SECTOR (N | DEATH FE | b. 26, 1951 |
| A. | Baltimore City, Maryland | | 4. USUAL RESIDENCE (W | B. COUNTY | If institution: residence before admission |
| B. I | | ospital or institution, give street address or | | | |
| IN | ISTITUTION MOTROGIST | nome for the Sged | C. C. I OK TOWN (II | outside corporate li | mits, write RURAL and giv |
| 7 | CCII II • II | ogers Ave. | Baltimore b. STREET ADDRESS (If r | 4/ | -/3 |
| | I anoth of store in Baltima | Mos. | | | |
| | Length of stay in Baltimo | | 8. DATE OF BIRTH | 9. AGE (In years) | If Under 1 Year If Under 24 Hours |
| _ | emale white | WIDOWED, DIVORCED (Specify) Widowed | Nov. 11, 1868 | last birthday) 82 | Months Days Hours Min |
| rk | A. USUAL OCCUPATION (Give la done during most of worklog life, evec if re Housewife | iod of lined) 108. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (State or for Maryl and | reign country) | 12. CITIZEN OF WHAT COUNTRY |
| 3. | FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | |
| | Emile Lerch | | Sophia Kusemaul | | |
| 15. | . WAS DECEASED EVER IN U. S. A | | 17. INFORMANT | | ADDRESS |
| 100 | n, no or unknowo) (If yes, give war o | SECURITY NO. | Mrs. Mamie B. H | Fisher - 22 | |
| ERTIFICATION | DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION II OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, | (A) STATING THE DUE TD LAST. (C) | raidisles lenoscle | | |
| Ö, | TO THE DISEASE OR CONDI | TION CAUSING IT. | | | |
| CAL C | 19A. DATE OF OPERATION | 198. MAJOR FINDINGS OF OPER | | | 20. AUTOPSY? |
| 4EDI | 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTIN CAUSE OF DEATH | R. 21B. PLACE OF INJURY (e. g., I about home, farm, factory, street, office bldg., | n or 21c. WHERE DID (II etc.) INJURY OCCUR? | in Baltimore City | , give exact location) |
| ١. | 21D. TIME (Month) (Day) (OF INJURY | Year) (Hour) 21E. INJURY OCCURR | | OCCUR? | |
| - | | m. WORK AT WORK | 911 | 2 0. | - |
| | deceased alive on | attended the deceased from 2022, 1957, and that death occur | rred at 5 73 A.m., from th | ne causes and on | 5_, that I last saw the the date stated above |
| | 23A. SIGNATURE | thur Danes M. D. | 800U334 | 5+ | 23c. DATE SIGNED |
| 24 TIO | Burial 2/28 | 24C. NAME OF CEMETE | Harris Co. C. Co. | Polt | |
| DA | ATE RECEIVED BY REGISTE | PAR'S SIGNATURE | 25 FUNERAL DIRECTOR | Balto. | ADDRESS |
| | Rv9 754951 | | VIVII. NEW | wer v XVI | in vany |



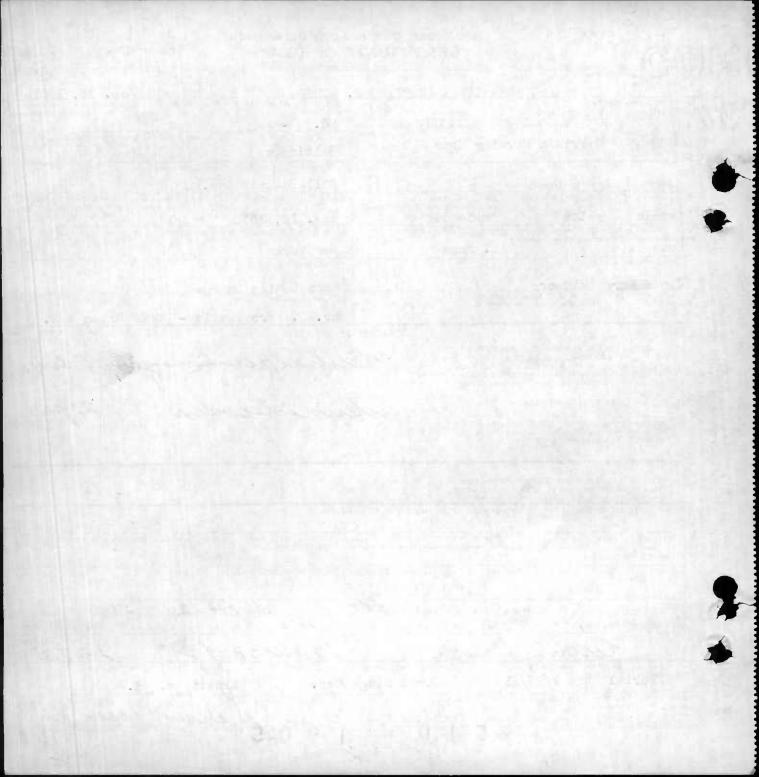
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VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1907

| BIRTH NO. | | | CERTIFICAT | E OF DEATH | Registere | ed No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------|------------------------------------|
| 1. NAME OF DEC | CEASED | | | | 2. DATE OF | |
| (2) 20 01 211110) | | HENRIET | TA (NETTYE) B | • SCOTT | | Feb. 26, 1951 |
| A. Baltimore Cit | cy, Maryland 2 | | year Aled | 4. USUAL RESIDENCE A. STATE | (Where deceased lived B. COUNTY | l. If institution : residence |
| B. FULL NAME OF | (If not in hospit | al or instituti | on, give street address or | | | |
| HOSPITAL OR | Garrison Nu | reine B | location) | C. CITY OR TOWN | (If outside corporate l | imits, write RURAL and giv |
| 60 | GOLL TROIL MA | r strig I | TOMA | Baltimore | 1.4 | township |
| c. Length of sta | v in Raltimore | | Yrs. Mos. Days | b. STREET ADDRESS (| | |
| | COLOR OR RACE | 7. SINGLE | . MARRIED. | 8. DATE OF BIRTH | 9. AGE (In years | If Under 1 Year If Under 24 Hour |
| female | white | wido | ED, DIVORCED (Specify) | Aug. 13, 1870 | last birthday) | Months Days Hours Min |
| 10A. USUAL OCCU | JPATION (Give kind of | 10B. KIND | OF BUSINESS OR | 11. BIRTHPLACE (State of | r foreign country) | 12. CITIZEN OF |
| work done during most of w Housewife | orking life, even if retired) | At. Ho | INDUSTRY | New York | | WHAT COUNTRY |
| 13. FATHER'S NA | ME | | - | 14. MOTHER'S MAIDEN | NAME | |
| | | | | 14. MOTHER S MAIDEN | INMINE | |
| JamesHenry | Skidmore | | | Mary Louise De | Pue | |
| (Yes, no or uoknowo) | EVER IN U. S. ARMED | FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| no | | | no no | Mr. H. Leroy I |)eris = 3000 | R Warra Arra |
| 18. 3 3 / | · V | | | OF DEATH | 74.15 - 000t | INTERVAL BETWEEN |
| 201 | X 1 | | | | | DNSET AND DEATH |
| DISEASE | OR CONDITION | DIRECTLY | 10 | 2. 1 011- | | T 1 |
| (This does n | ot mean the mode o | f dying, e. g | , (A) Q | senal flu | unousge | 3 days |
| | , asthenia, etc. It mea emplication which c | | DUE TO | | | |
| | | | 2 | rehalfler | V | |
| AI AI | NTECEDENT CAUS | ES | list | enior when | mi | 2041. |
| O DISEASES | OR CONDITIONS, 11 | F ANY, GIVIN | | 2000 20 - 00 | | |
| RISE TO THE | ABOVE CAUSE (A) | STATING TH | E DUE TO | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | ••• •• •• • • • • • • • • • • • • • • • | | |
| ii - | | | | | | |
| OTHER SIG | NIFICANT CONDI | TIONS CON | | | | |
| 田 TRIBUTING T | O THE DEATH, BUT | NOT RELATE | D | | | |
| | ASE OR CONDITION | | | | | |
| 19A. DATE OF | OPERATION | 9B. MAJOR | FINDINGS OF OPER | ATION | | 20. AUTOPSY? |
| OAL ACCIDEN | | T | | | | YES NO |
| I S I ZIA. ACCIDE | NT WAS UNDER- CONTRIBUTING | | CE OF INJURY (e. g., in arm, factory, street, office bldg., e | | (If in Baltimore Cit | ty, give exact location) |
| 210. TIME (M | onth) (Day) (Year) | (Hour) 2 | TE. INJURY OCCURR | ED 21F. HOW DID INJU | IRY OCCUR? | |
| OF INJURY | | m. | HILE AT NOT WHILE | | | |
| 22. I herchy | certify that I att | ended the | deceased from | /- 1951, tol | Tel 14 11 | 5 , that I last saw th |
| decembed alim | Feb 24 | 105/ | and that death accus | red at 5.30 4 m., from | All a susuana and a | the July state of the |
| 23A. SIGNATU | RPn // | ., 13=1 | | 3B. ADDRESS | i the causes and o | 23c. DATE SIGNED |
| 1 | Intlaura | Dav | | 80021132 | rd ST | 1 37 C |
| 24A. BURIAL. CRI | EMA- 24B, DATE | | 4c. NAME OF CEMETE | PY OR CREMATORY! 345 | LOCATION (City, to | wn, or county) (State) |
| TION, REMOVAL (Spe | cify) 2/20/ | 51 | | | | |
| 202202 | 4/20/ | ρŢ | Druid Ridge | / / / | kesville, Md | 0 |
| DATE RECEIVED | BY REGISTRAR | SIGNATU | R5: | 25 FUNERAL DIRECTO | R-1 | ADDRESS / |
| ECD 2710E | 9 /8 | Carton | Yolliames Mass | Ill m | relaver VX | Jons - Ralls |
| | 4.4 | E | The state of the s | V1/11/1 /2 / | | V |



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| PLEASE | correct |
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| | CERTIFICAT | E OF DEATH | Registered No |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------|
| | NAME OF DECEASED Polent L. Bris | coe) | 2. DATE OF DEATH FL. 2 5'57 |
| 1 | . PLACE OF DEATH: Baltimore City, Maryland WINS ROPKINS HOSPIL FULL NAME OF (If not in hospital or institution, give street address or | A. STATE | ere deceased lived. If institution: residence B. COUNTY before admission) |
| 1 | OSPITAL OR DOCATION Afrancia (Acadion) | | utside corporate limits, write RURAL and give township) |
| | Length of stay in Baltimore 62 m. Mos. Days | D. STREET ADDRESS (If ru | ral, give location) |
| 9 | S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years if Under 1 Year II Under 24 Hours last birthday) Months Days Hours Min. |
| 1 wo | OA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for | 12. CITIZEN OF WHAT COUNTRY? |
| 1 | 3. FATHER'S NAME | 14. MOTHER'S PAIDEN NAM | But her had |
| 1 (2 | 5 (1) S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS |
| 1/ | Man. | tenns h | OPKIRS HOSPITEL |
| | | OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., beart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | bro-Vascula | er accelent 24 hrs. |
| , | ANTECEDENT CAUSES | | |
| ATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | 100 | |
| RTIFICA | (c) Ano | perple or | much |
| 1 2 | OTHER SIGNIFICANT CONDITIONS CON- | 1-1 | |
| , L | TO THE DISEASE OR CONDITION CAUSING IT. | arinoma | |
| IA | 0 11 12 1 1 1 1 1 1 1 1 1 1 1 | RATION SIAMA | 20. AUTOPSY? |
| FDIC | 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., | | in Baltimore City, give exact location) |
| . 2 | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK | | OCCUR? |
| | 22. I hereby certify that I attended the deceased from | m. 12, 1951, to 7 | b. 1 5 19 5 Ithat I last saw the |
| | | | causes and on the datc stated above. |
| | 23A SIGNATURE MICH MID. | HIR HOPKINS N | OSDITA. 235. DATE SIGNED |
| 0 | 24A. SORIAL, CREMA- 24B DATE 24C. NAME OF CEMETE | | CATION (City, town, or county) (State) |
| | | ubuln Ba | time, hel |
| | OCAL REGISTRAR FFR 2 7 1051 | 25 FORFA DESCION | Juneial Come |
| = | VS 150 | , 906 | 111 |
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The John Street Consultation of Carlot Street A CAN STREET Thank to copy A WILLIAM STREET a Columbia de la constanta de la colonia The second of the second Che williagered. Light Control of Table

| | | MARGIN RESERVED FOR BINDING | RESER | VED | FOR | BIND | ING | | Y. | | | | | t | |
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| TE > L | LY, WITH important. | LIE - LY, WITH UNFADING INK. Every item of information shorts especially important. Physicians: please write the causes of death clear; in | INK. | Every | item | of intuses of | formati f death | on sh | S. | be leg | ibly. | y supplie | ed. T | he | |

| C. Length of stay in Baltimore D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) D. STREET ADDRESS (If rural, give location, Mos. Days) | before admission imits, write RURAL and give township | | | | | |
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| A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside corporate light of institution), give street address or location) The state of the stay in Baltimore C. Length of stay in Baltimore The stay in Balt in Baltimore The stay in Baltimore The stay in Baltimore The | before admission imits, write RURAL and give township | | | | | |
| 5. SEX 6. COLOR OR RACE NIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) NEMPLOYED 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) NEMPLOYED | 6600 | | | | | |
| 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) MALE White Sluber PR. 19, 1933 9. AGE (In years last birthday) 10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Nem Player No. AGE (In years last birthday) 10B. KIND OF BUSINESS OR INDUSTRY No. AGE (In years last birthday) No. AGE (In years last birthday) No. AGE (In years last birthday) | | | | | | |
| work done during most of working life, even if retired) UNEMPloyed INDUSTRY | Months Days Hours Min | | | | | |
| | 12. CITIZEN OF WHAT COUNTRY | | | | | |
| 13. FATHER'S NAME | | | | | | |
| LESTER HANNA EASTER HARVEY | | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO. | ADDRESS | | | | | |
| LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) ULL TO (B) OLITY UNDERLYING CONDITIONS ON TRIBUTING TO THE DEATH, BUT NOT RELATED | Wh. | | | | | |
| TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | | | | |
| 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? INJURY OCCUR? | YES NO L | | | | | |
| 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK | | | | | | |
| 22. I hereby certify that I attended the deceased from 2-25-1951, to 2-27-, 1951, that I last s deceased alive on 2-37-, 1951, and that death occurred at 4-39 mm., from the causes and on the date stated | | | | | | |
| 23a SIGNATURE 23B. ADDRESS WILLS HOPKIRS HOSPITAL | 23c. DATE SIGNED | | | | | |
| 24a. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S S | ADDRESS | | | | | |
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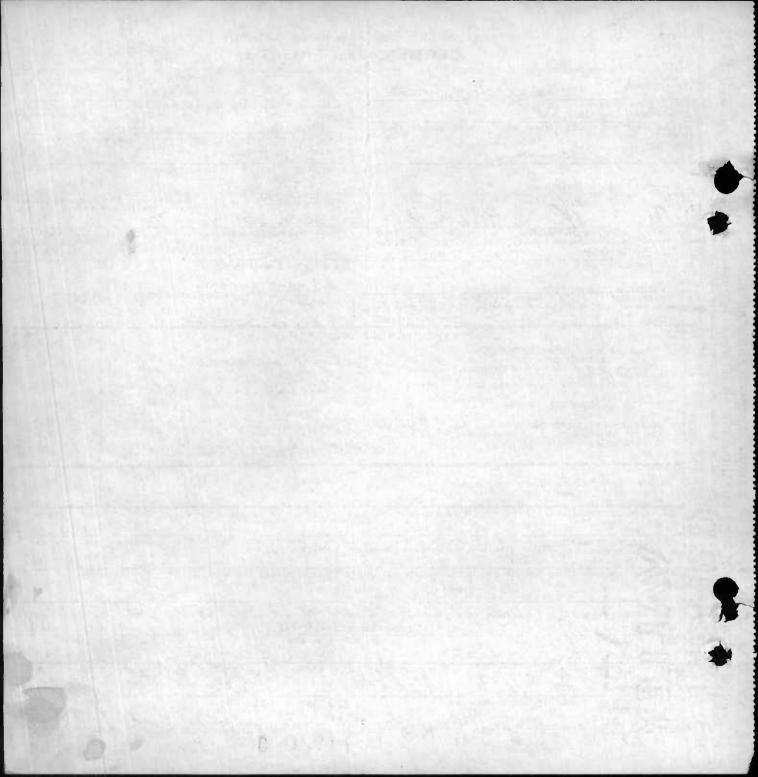
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51 1910 Registered No-HB2751 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) Baltimore (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) if Under 24 Hours 9. AGE (In years) If Under | Year last birthday) | Months: Days | Hours: Min. 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? ADDRESS Mr. F.C. Moore-2729 E. Monument INTERVAL BETWEEN ONSET AND DEATH Subacute mylogenous Jukania 20. AUTQPSY (If in Baltimore City, give exact location) 195 / that I last saw the

23C DATE SIGNED

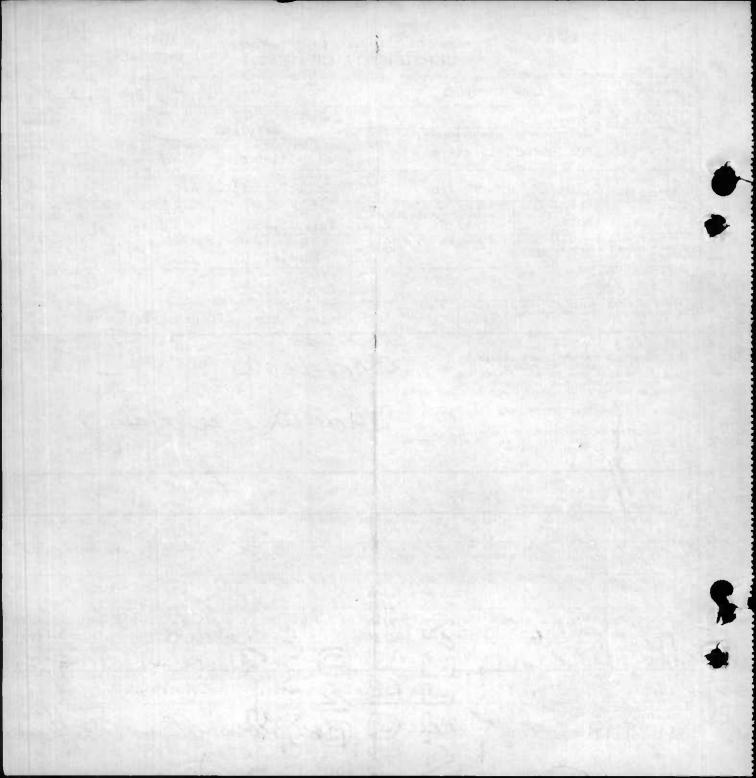
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| BIRTH NO. CERTIFICATE OF DEATH Registered No. | | | | | |
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| 1. NAME OF (Type or Print) | | Wyner | 40 | 2. DATE OF Feb | 27,1951 |
| 3. PLACE OF | City, Maryland | | 4. USUAL RESIDENCE | Where deceased lived. If | |
| | | al or institution, give street address or | 100 7 | 1 | before admission) |
| HOSPITAL OR INSTITUTION | 2503 Brookf | ield Ave | C. CITY OR TOWN (I | f outside corporate limit | ts, write RURAL and give township) |
| | stay in Baltimore | 70 Yrs Yrs. Mos. Days | 2503 Brookfiel | | |
| 5. SEX Female | 6.COLOR DR RACE White | WIDOWED DIVORCED (Specify) | July 15,1867 | 9. AGE (In years last birthday) Mo | Winder I Year H Under 24 Hours onths Days Hours Min. |
| TOUSE WILL | CCUPATION (Give kind of | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or f | oreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S | NAME | | 14. MOTHER'S MAIDEN N | AME | |
| Isaac | Schloss | | Broch Caplan | | |
| 15. WAS DECEAS | SED EVER IN U. S. ARMEI) (If yes, give war or date | FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Helen Wyner 25 | 503Brookfielâ | DDRESS Ave |
| Neart fail injury of the property of the prope | es not mean the mode of ure, asthenia, etc. It means to complication which complication which complication which complication which complication with the above cause (A). YING CONDITION LAST II SIGNIFICANT CONDITION THE DEATH, BUT DISEASE OR CONDITION | rs the disease, aused death.) DUE TO SES FANY, GIVING STATING THE DUE TD ST. (C) TIONS CDN. NOT RELATED | sdioc o | telasal | |
| 19A. DATE | | 98. MAJOR FINDINGS OF OPER | ATION | | 20. AUTOPSY? |
| <u> </u> | | | | | YES NO |
| VES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) CAUSE OF DEATH VES NO 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | | | | give exact location) |
| OF INJURY | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK | | | | |
| 22. I have decembed to the decembed of the decembed of the decembed of the december of the dec | URE CREMA- 24B. DATE | M. D. | red at 2 a.m., from 38. ADDRESS 2 2 3 S RY OR CREMATORY 245. L | | that I last saw the he date stated above. |
| DATE RECEIVILOCAL REGIS | TRAR | S SIGNATURE | Sol July | on Bus | Morta aw |

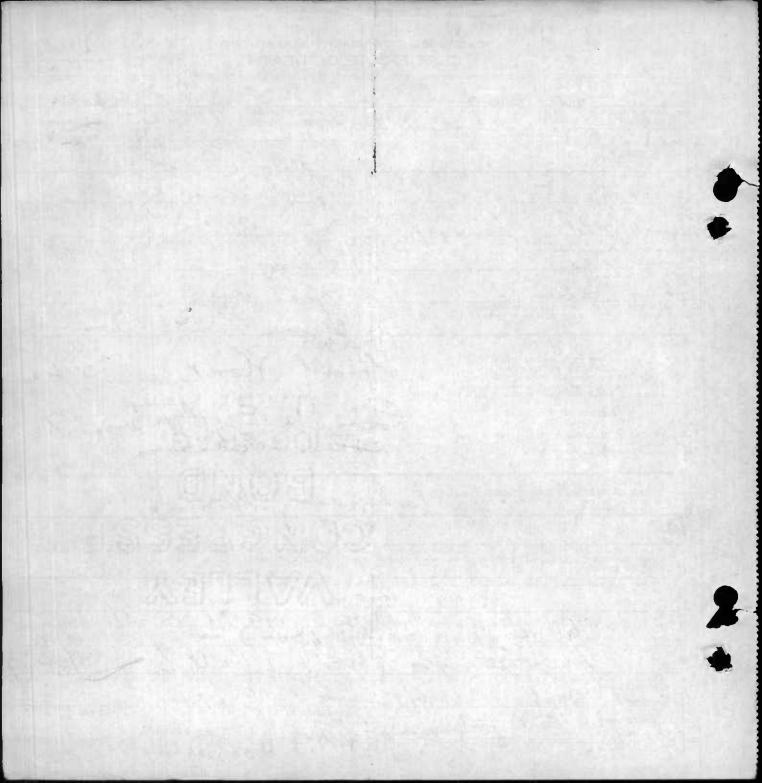


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| Car will | 41. | |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| 51 | 1912 |
|----------------|------|
| Registered No. | LUEC |

| | BIRTH NO. | | | | | |
|--------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | 1. (T) | NAME OF DECEASED The arm Haduch | 2. DATE OF 15. 25/51 | | | |
| | B. HC | PLACE OF DEATH: Baltimore City, Mary and 1910 6 as terms and FULL NAME OF (If not in hospital or institution, give street address or Inspiral OR STITUTION PLACE OF DEATH: (If not in hospital or institution, give street address or location) | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | | | |
| | | Yrs. Mos. | p. STREET ADDRESS (If rural, give location) | | | |
| TIT TO | - | Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WILDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE (In years Under 1 Year If Under 24 Hours Indee 1 Year Indee 1 | | | |
| car. | 10. Work | A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY | 11. BISTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | | | |
| auti Ci | | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | |
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| dep | | 22. I hereby certify that I attended the deceased from deceased alive on 19 , 19 , and that death occur | red at / /m., from the causes and on the date stated above, 3B. ADDRESS 23c. DATE SIGNED | | | |
| icer ag | Tig | Derial REMOVAL (Specify) Mah. 1/51 The state of CEMETE 248. NAME OF CEMETE | RY OR CREMATORY 24b. LOCATION (City, town, or county) (State) | | | |
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| 14. MOTHER'S MAIDEN NAME | Design Control |
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| 17. INFORMANT | |
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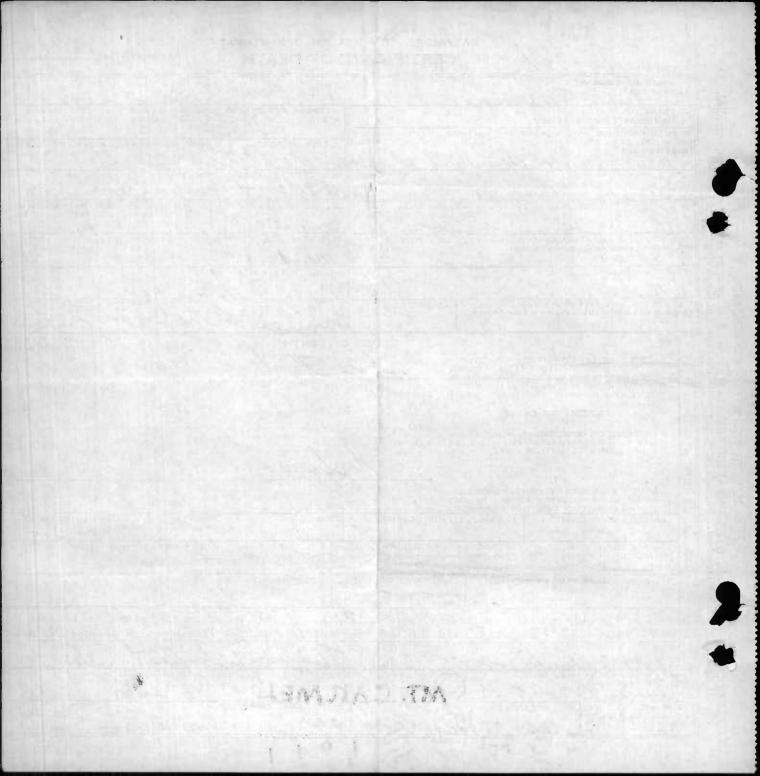
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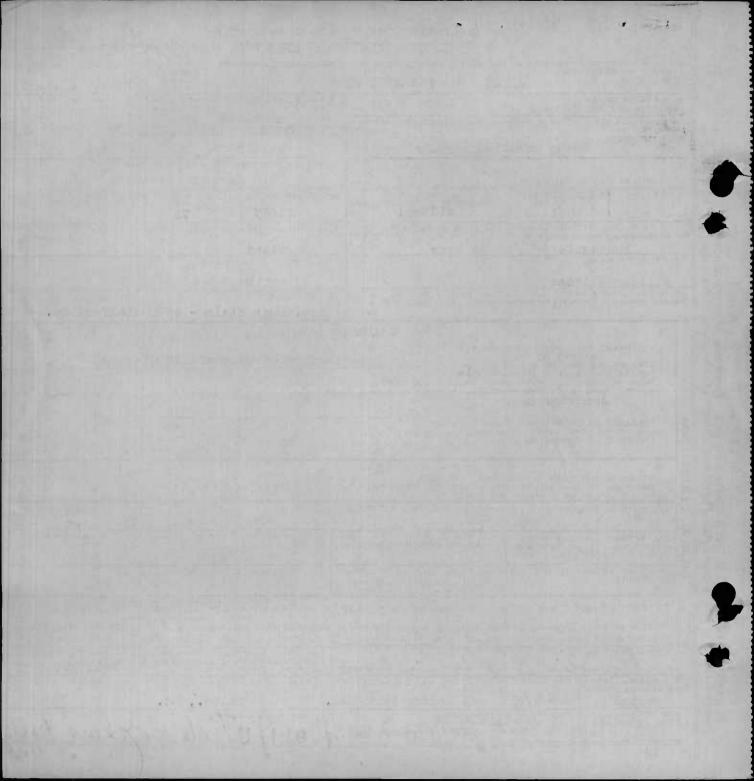
12. CITIZEN OF



| | 25 | 51 5 | 1. 191 | ВА | LTIMORE CITY | | 70 1 | | | | |
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| | | BIRTH NO. CERTIFICATE | | | | | | | 1008130 | 1102 | |
| | (Type o | r Print) | HNA | VA | KOSE | NB. | 100 | M | OF DEATH | 2-7 | 27-51 |
| | 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or | | | | | A. S | TATE | NCE (When | re deceased I 8. COUI | | before admission) |
| | INSTITUTION INSTITUTION INSTITUTION (Institution) | | | | | | c. CIN OR TOWN (If outside corporate limits, write kt) (AL and give township) | | | | |
| | c. Length of stay in Baltimore | | | | | | OMERSONIAL OLL 6 A | | | | |
| | 5 SEX 6.COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DIVORCED (Specify) | | | | | | 8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours | | | | |
| 1 | 10A USUAL OCCUPATION (Give kind of ork done during most of working life even if retired) 10B, KIND OF BUSINESS OR INDUSTRY | | | | | | IRTUDLACE (S | State or forei | n country) | 12 | CITIZEN OF WHAT COUNTRY? |
| | 13. FATHER'S NAME | | | | | 141 | 14 MOTHER'S MAIDEN NAME | | | | |
| - | 15. WAS | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL .: 1 | | | | | Carey | | | | |
| | (Yes, no or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (SECURITY NO. | | | | | | | w- | ADD | Pare | |
| | 18. | 1 | 2.1 | B/sxes | | JSE OF D | EATH | 158 | | | INTERVAL BETWEEN |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) | | | | | | | 2-94 | 24 Lynn | | |
| | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | | | | | | | | | | |
| < | ANTECEDENT CAUSES Chonic murcanditis | | | | | | | | 2 rems. | | |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | | | | | | | ** | | |
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| - 11 | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | | | | | | |
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| | HO! | | r, SUICIDE, (Specify) | 218. Pl about home | ACE OF INJURY , farm, factory, street, office | | Ic. WHERE D | | n Baltimore | City, give | e exact location) |
| | | TIME (Mo | onth) (Day) (Ye | ar) (Hour) m. | | WHILE WORK | 1F. HOW DID | INJURY O | CCUR? | | |
| | 22. | I hereby | certify that I | attended th | e deceased from | Des | , 194 | 9, to 7-6 | - 27 | , 19 51 , t | that I last saw the |
| | | eased aliv | | , 195/ | and that death | | DDRESS | from the | causes an | | date stated above. |
| | | 1 8 | 1. A. Du | Your " | n-1- M. | D. Ting | h gm | down of | ny. | 2 | 2/27/51 |
| | TION XI | BURIAL, CREEMOVAL (Spe | MA- 24B. DAT | | Weller | glow. | CREMATORY | 240. LgC | ation ign | eto or | county) (State) |
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MANN JOSENESSECH Come was the state A Continue water to any other production of

2. DATE DEATH February 27. 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) 2716 Maryland Avenue 9. AGE (in years) If Under 1 Year last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Mrs. Hugo Klein - 4400 Wickford Rd. NTERVAL BETWEEN ONSET AND DEATH Hypertensive cardiovascular disease 20. AUTOPSY (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\). 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER... 24D. LOCATION (City, town, or county) Balto., Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL PIRECTOR ADDRESS LOCAL REGISTRAR V S 151

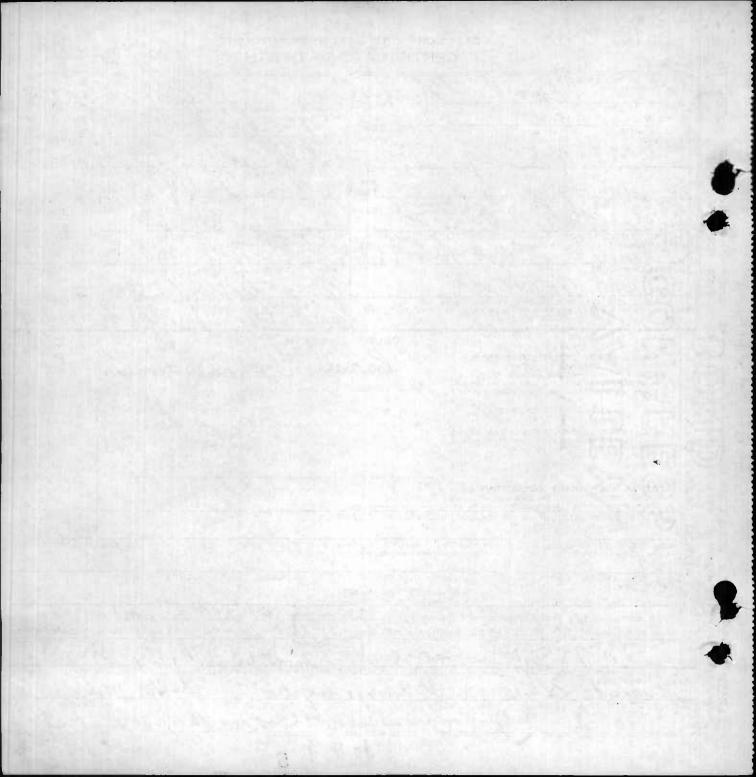


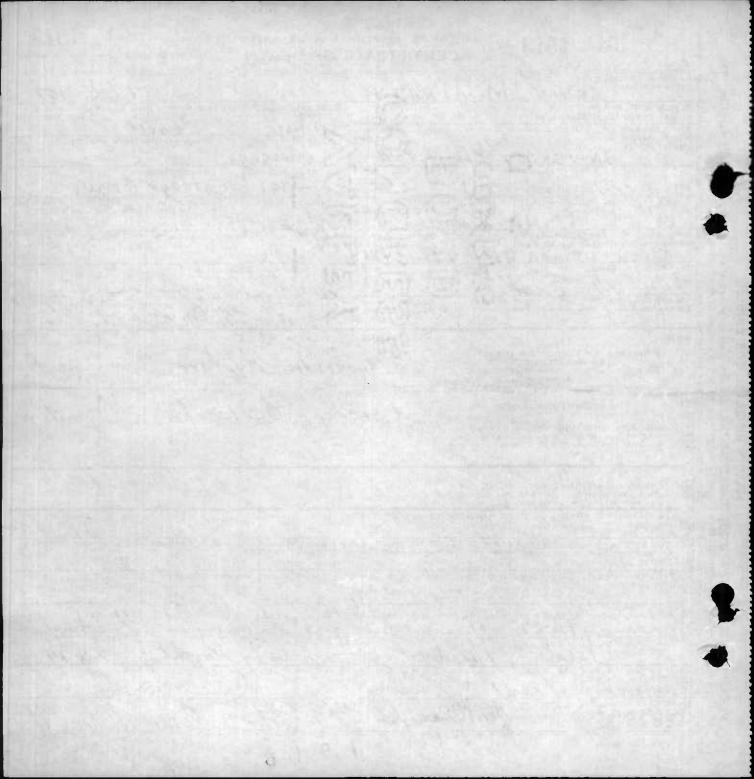
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BALTIMORE CITY HEALTH DEPARTMENT

| TheT | | | EALTH DEPARTMENT E OF DEATH Registered No | 1917 |
|--------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------|
| | 1. (T | NAME OF DECEASED (Ype or Print) JOHN HENRY ECKSTEIN | I, SR. 2. DATE. OF DEATH Feb. 20 | 6, 1951 |
| upplie | Α. | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or | 4. USUAL RESIDENCE (Where deceased lived. If institut A. STATE B. COUNTY | |
| fully supplied. | H | OSPITAL OR Institution 2318 Braddish Ave. | | RURAL and give township |
| Region | c. | Yrs. Mos. Length of stay in Baltimore Days | D. STREET ADDRESS (If rural, give location) | |
| d b | | male white 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE (In years If Under I Y | ear II Under 24 Hours Days Hours Min. |
| NG rmation she death clear | wor | OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Narahouseman FATHER'S NAME OB. KIND OF BUSINESS OR INDUSTRY Grocery stores W | | HAT COUNTRY |
| H H | 15 (Ye | John H. Eckstein 5. WAS DECEASED EVER IN U. S. ARMED FORCES? No no or unknown) (If yos, give war or dates of service) yes World War #1 | Bertha Peper 17. INFORMANT ADDRES Mrs. Florence Eckstein - 3218 Br | |
| RGIN RESERVED FOR BINI ADING INK. Every item of in icians: please write the causes o | CATION | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | | TERVAL BETWEEN ISET AND DEATH 27 |
| MARGIN UNFADING Physicians: | CERTIFI | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
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| NLY, WITH | MED | LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK AT WORK | 21F. HOW DID INJURY OCCUR? | |
| RITE 's especi | | deceased alive on 326-10 1957, and that death occur | | I last saw the e stated above |
| PLEASE Correct as | TIC | 44. BURIAL, CREMA- ON, REMOVAL (Specify) Burial 248. DATE 24C. NAME OF CEMETE 24C. NAME OF CEMETE 24C. NAME OF CEMETE | k Cem. Balto. Md. | |
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Burgee Funeral Home

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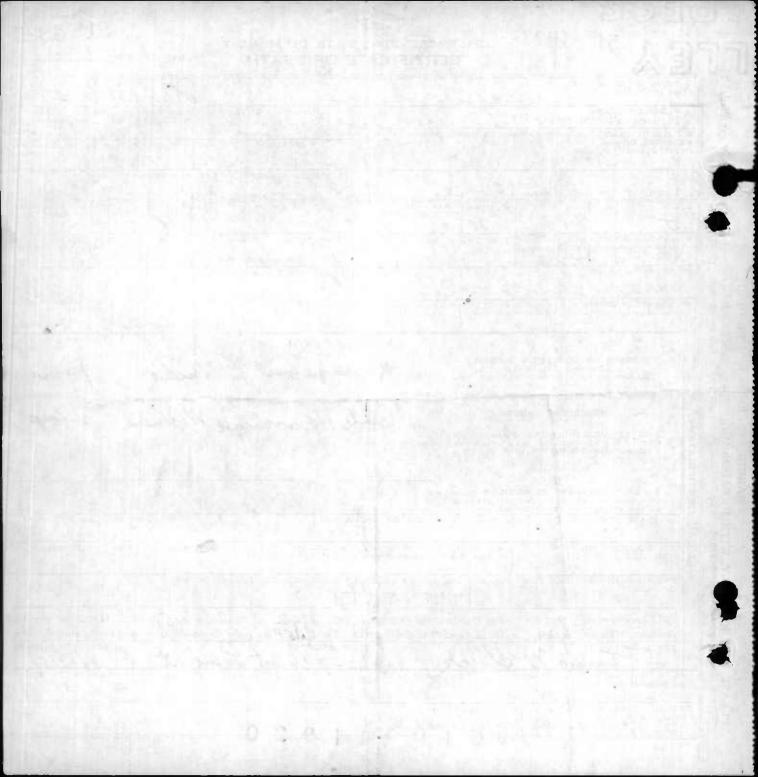
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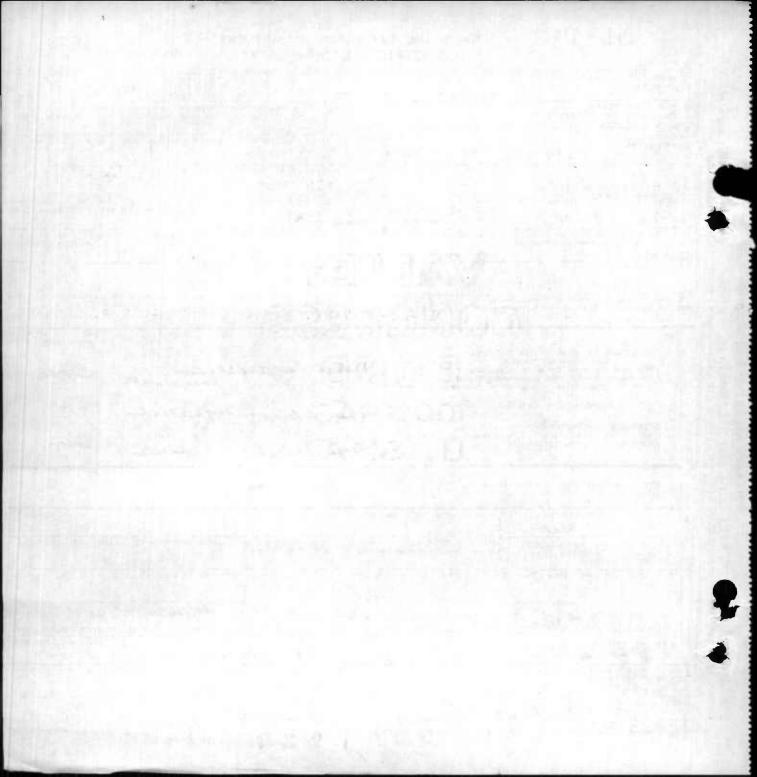
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| | 51. 1923 BALTIMORE CITY I | HEALTH DEPARTMENT | 51 1923 |
| The | BIRTH NO. CERTIFICA | TE OF DEATH Registere | d No. |
| | 1. NAME OF DECEASED (Type or Print) Turesa & Coler | van 2. DATE OF DEATH 2 | 26/51 |
| supplied. | 3. PLACE OF DEATH: A. Baltimore City, Maryland 2 198 Smilford On | 4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY | If institution: residence before admission) |
| y su | B. FULL NAME OF (If not in hospital or institution, give street address location) | | mits, write RURA and rive |
| ully y. | INSTITUTION 2738 | Jackemare m | 17 - (Joyathip) |
| Le le | c. Length of stay in Baltimore | 3. 7-92649 01-18 | lare. |
| be d | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Control of the Color of t | (fy) B. DATE OF BIRTH 9 AGE (In years last birthday) | Months Days Hours Min. |
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| tion th c | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | my . |
| information s of death cl | John Schnelger | Lathune Jak | Uman |
| of infe | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (1f yes, give wer or dates of service) 16. SOCIAL SECURITY NO. | my J. J. Caleman | ADDRESS Jame |
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| ADING icians: | (c) | | |
| NF | OTHER SIGNIFICANT CONDITIONS CON- | | |
| H | TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OP | ERATION | 20. AUTOPSY? |
| LY, WITH | 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld | | y, give exact location) |
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| re especia | 22. I hereby certify that I attended the deceased from deceased alive on 2/26/57, 19 and that death occ | curred at 44,29 , to 2/26/57, 19 | , that I last saw the |
| HS9 9 | deceased alive on 2/26/2, 19 , and that death occ | 238. ADDRESS | 23c. DATE SIGNED |
| age | 24a. BURÍAL. CREMA- 24B. DATE 24C. NAME OF CEME | TERY OR CREMATORY 24D. LOCATION (City, to | wn, or county) (State) |
| ASF ect a | TION, REMOVAL (Specify) 3 1 51 other | ral and Tude | usa Po |
| PLEASE correct a | DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR | 25. FUNERAL DIRECTOR | 1318 mgtel |
| | VS 150 | | 10 |



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 217 West 25th Street paltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos 217 West 25th Street c. Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH H Under 1 Year 9. AGE (in years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify)
Married White 1881 Male 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Machinast American Can (o Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas H. O'Brien Ellen Rutherford 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** Mr. Thomas O'Brien-217 W. 25th St no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Metal Regelegelasion (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 正 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY CA YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK , 1951, to Jelean 26, 1951, that I last saw the 22. I hereby certify that I attended the deceased from Les 6 deceased alive on Jes 24 1951 . and that death occurred at____ 4.Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Thomas & 2-21-51 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Burial Mar. 1st, 1951 Cathedral DATE RECEIVED BY 25 EUNEXAL DIRECTOR REGISTRAR'S ELGNATURE ADDRESS mutuator Pollians Met LOCAL REGISTRAR TEDFFELD & SON VS 150



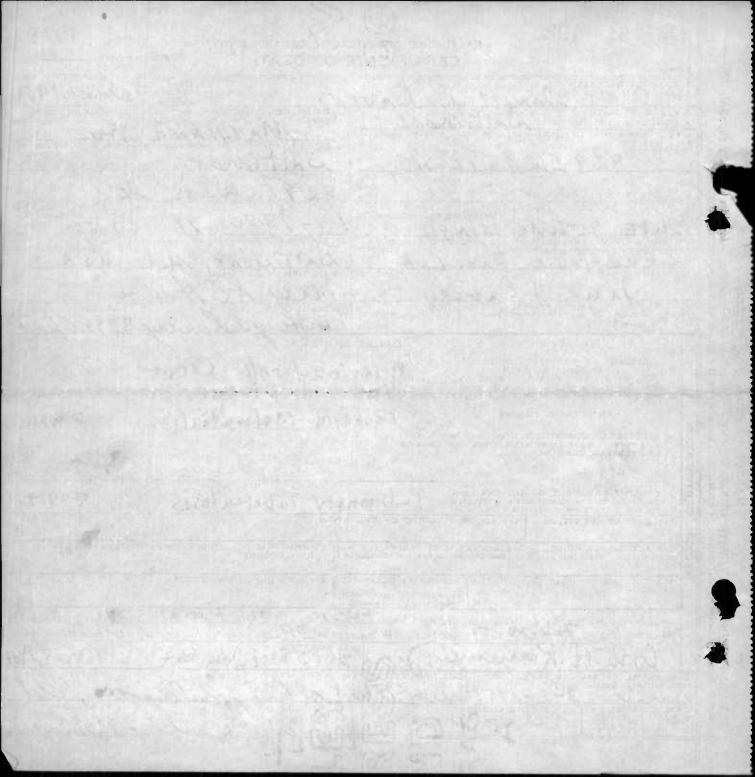
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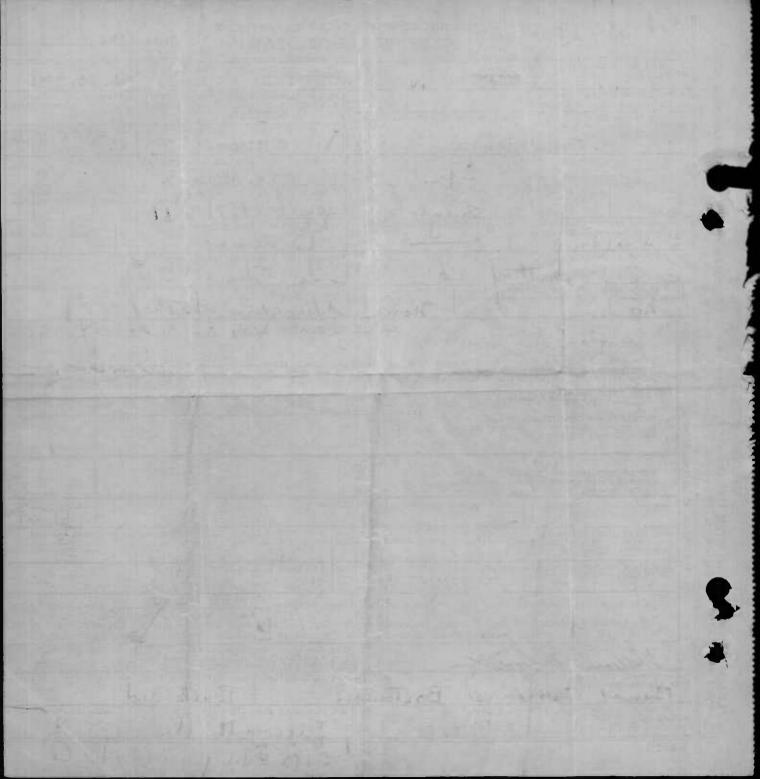
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| В | RTH NO. | CE | RTIFICAT | E OF DEATH | Registe | ered No. |
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| (7 | NAME OF DECEASED DAN | 1E2 L | LAVO | RY | 2. DATE OF DEATH | Feb. 27,1951 |
| A. B. | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospita | lor institution, | OR E | /VIAR4 | ILAND | AVE |
| | SEPITAL OR STITUTION 829 E.C. | lass. | St. | BAltin | ORE | e limits, write RURAL and give township |
| | Length of stay in Baltimore | | Yrs. Mos. Days | - 000 | f rural, give locati | 84. |
| 2 | MATE White | SINGLE, MA | ARRIED. DIVORCED (Specify | 1-1-1000 | 71 | ars It Under 1 Year M Under 24 Hours Win |
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| EDICAL CERTIFIC | DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS III OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT IT OTHE DESEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE (Month) (Decity) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) OF INJURY | TIONS CON- NOT RELATED CAUSING IT. B. MAJOR FIN 21B. PLACE about bome, farm, for the should be | CC) PUNOL DINGS OF OPEI OF INJURY (e. g., natory, street, office bldg, at work AT WORK assed from Pu | RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURED IN 1951, to | (If in Baltimore | 20. AUTOPSY? YES No City, give exact location) |
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| MEDICAL CERTIFIC | DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING TO THE ABOVE CONDITION LAS THE BUTTING TO THE DEATH, BUT IT OF THE DEATH, BUT IT OF THE DEATH OF OPERATION 19A. DATE OF OPERATION 19A. DATE (Specify) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21A. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I attendeceased alive on 23A/SIGNATURE | TIONS CON- NOT RELATED CAUSING IT. 21B. PLACE about bome, farm, for (Hour) 21E. WHILE MOR | Technology, street, office bldg. INJURY OCCURF AT WORK cased from 71 that death occur | ration in or 21c. Where DID (NOCCUR? RED 21f. HOW DID INJURED 1951, to price at 28. m., from | (If in Baltimore RY OCCUR? the causes and Revy. | 20. AUTOPSY? YES NO City, give exact location) 19 5, that I last saw the long the date stated above 23c. DATE SIGNED |
| MEDICAL CERTIFIC | DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING TO THE ABOVE CONDITION TRIBUTING TO THE DEATH, BUT IT OF THE DEATH OF CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE (Specify) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21A. TIME (Month) (Day) (Year) (OF INJURY) 22. I hereby certify that I attended a live on 19A. BURIAL, CREMA-19A. BUR | TIONS CON- NOT RELATED CAUSING IT. B. MAJOR FIN 21B. PLACE about home, farm, for the second of the decent of the second of the decent of the second of the | OF INJURY (e. g., actory, street, office bldg., INJURY OCCURF K AT WORK eased from That that death occurs, M. D. | RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY 1951, to mred at 27. m., from 238. ADDRESS ERY OR CREMATORY 24D. | (If in Baltimore RY OCCUR? the causes and Revy. | 20. AUTOPSY? YES NO City, give exact location) 19 that I last saw the continuous that date stated above 23c. DATE SIGNED, town, or county) (State) |
| ONTEN | DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE (Specify) 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (OF INJURY) 22. I hereby certify that I attended a live on 23A SIGNATURE (Specify) 4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S | TIONS CON- NOT RELATED CAUSING IT. B. MAJOR FIN 21B. PLACE about home, farm, for the second of the decent of the second of the decent of the second of the | IDINGS OF OPEI OF INJURY (e. g., actory, street, office bldg INJURY OCCURF AT NOT WHILE AT WORK cased from T that death occur NAME OF CEMETI | naty Tuberta in or 21c. Where DID INJURY OCCUR? RED 21f. HOW DID INJUR 21f. HOW DID INJUR 1951, to 1958, ADDRESS 5015 Rui (1) | (If in Baltimore RY OCCUR? the causes and Revy. | 20. AUTOPSY? YES NO City, give exact location) 19 5, that I last saw the long the date stated above 23c. DATE SIGNED |

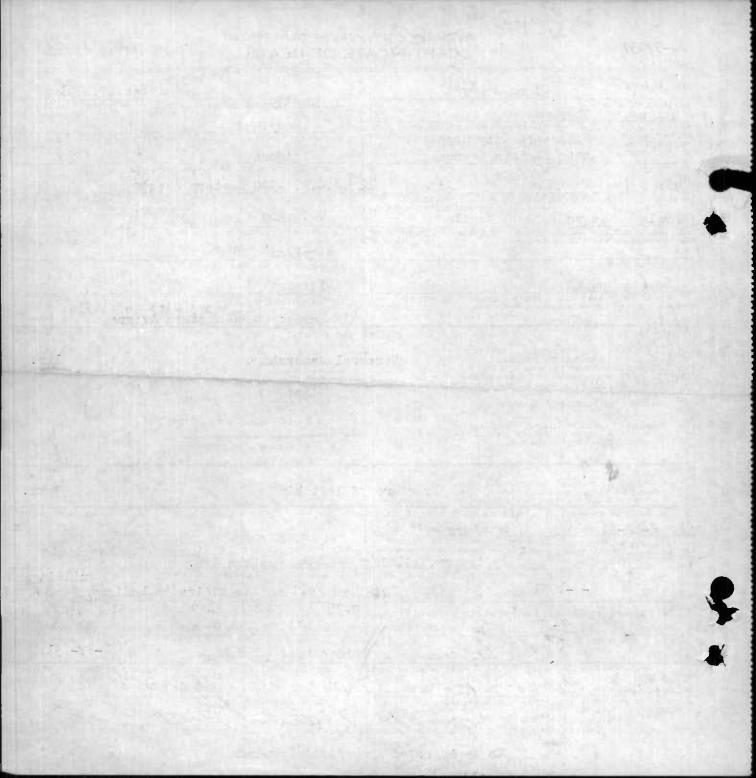


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ROLAND SATTERFIELD Feb. 26, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 408 E. Biddle St. Days 7. SINGLE MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours WIDOWED, DIXORCED (Specify) last birthday) | Months: Days | Hours: Min. 108. KIND OF BUSINESS OR White 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY mas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS (If yes, give war or dates of service) of (Yes, no or unknown) SECURITY NO. cal DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (This does not mean the mode of dying, e.g., Skull fracture heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Extradural hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING T OR CONTRIB about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. Johnson Square Near Valley & Chara Sts. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY Struck in head with stone Feb. 25, 1951 Partial Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [X, suicide [], homicide indetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) lunor DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 151



| | MD-77037 51 1927 BALTIMORE CITY HE | ALTH DEPARTMENT | 54 400° | | | |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|
| | ND-77037 CERTIFICATE OF DEATH Registered No. | | | | | |
| 1 - | NAME OF DECEASED Type or Print) Clara Howard | | OF Feb.27,1951 | | | |
| | B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or | | deceased lived. If institution: residence B. COUNTY before admission) | | | |
| III E | HOSPITAL OR NSTITUTION Baltimore City Hospitals location) 4940 Eastern Avenue | | e corporate limits, waite RURAL and give township) | | | |
| | Yrs. Mos. | D. STREET ADDRESS (If rural, B.C.H. 4940 Eastern | | | | |
| 18 | E. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Female Negro Single | 8. DATE OF BIRTH 9. A | GE (In years ff Under Year ff Under 24 Hours Months Days Hours Min. | | | |
| | OA. USUAL OCCUPATION (Give kind of rek done during most of work log life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign Maryland | | | | |
| 1 | 3. FATHER'S NAME Jessie Howard | 14. MOTHER'S MAIDEN NAME Elizabeth? | | | | |
| G | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (ca, no or unhoown) (If yea, give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Baltimore Records: 4940 East | City Hospitals | | | |
| 7 | DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES | DF DEATH al Hemorrhage CERTIFICATION APERO | Interval Between onset and Death 1hr. | | | |
| ERTIFICATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED Fracture of | CHIEF OR ASST. MEDICAL EX | M. D. AMINER. 3wks. | | | |
| 0 | 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPER | ATION | 2C. AUTOPSY? | | | |
| EDICAL | 2-12-51 Fracture Left Hip 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., loebout home, farm, factory, atreet, office bidg., ellipside in the contribution of the | or 21c. WHERE DID (If in E INJURY OCCUR? Baltim | Baltimore City, give exact location) tore City Hospitals | | | |
| Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY 2-9-1951 WHILE AT NOT WHILE AT WORK AT WORK | Fell on the stair | s in Infirmery | | | |
| | 22. I hereby certify that I attended the deceased from 9-28, 1942, to 2-27, 1951, that I last so deceased alive on 2-27, 1951, and that death occurred at 6:45am., from the causes and on the date stated of 23a. SIGNATURE 23a. SIGNATURE 23b. ADDRESS 23c. DATE SI 25c. DATE SI 2 | | | | | |
| T | 24A. BURIAL, CREMA- ION JEMOVAL (Specify) JUNIAL PUB 18-195 DATE RECEIVED BY REGISTRAR POSA REGISTRAR RE | RYOR CREMATORY 24D. LOCATI | ON (City, town, or county) (State) ADDRESS E 22 24 Males | | | |
| = | vs 150 To Be Approved By Mo | edical Examiner | 186a | | | |

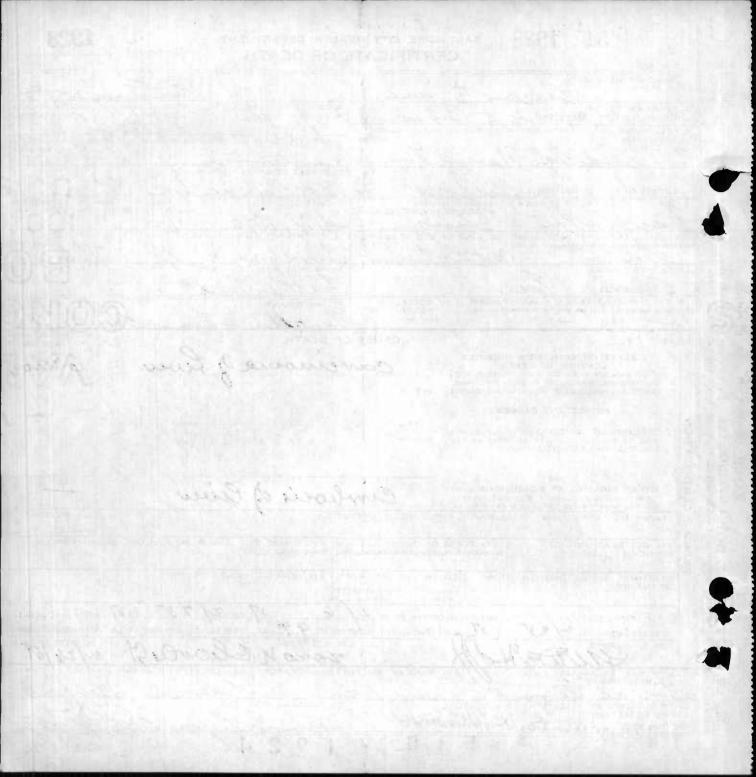
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MARGIN RESERVED FOR BINDING

EISE BALTIMORE CITY HEALTH DEPARTMENT

| he | BI | RTH NO. | CERTIFICAT | E OF DEATH | Registered No. | |
|-------------------------------|------------|----------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------|-----------------------------|------------------------------------------------------|
| H | | NAME OF DECEASED | 0 10 | | 2. DATE | |
| ÷ | (T; | ype or Print) Madal | ino E. Eine | | DEATH Lebrus | - 20-190-1 |
| supplied | | PLACE OF DEATH: | 120 | 4. USUAL RESIDENCE (W | | |
| ddi | | Baltimore City, Maryland | | A. STATE | B. COUNTY | before admission) |
| sn | | FULL NAME OF (If not in hospital OSPITAL OR | l or institution, give street address or location) | | Hallon | |
| fully ly. | | STITUTION | 11 . 4/ | c. CITY OR TOWN | outside corporate limits, v | ownship) |
| Y. | 60 | (Crolleigh ! | lursing stome | (Dallemor | | 7/0 |
| 2 | | | Yrs. Mos. | D. STREET ADDRESS (If | rural, give location) | 1 |
| 20 | c. | Length of stay in Baltimore | Days Days | 1 3003 W/whe | whe ! | |
| - E | 5. | SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | | let I Year If Under 24 Hours Days Hours Min. |
| | -7 | tomale Whyte. | Specify) | Oct. 20 1890 | last birthday) month | Days Hours Min. |
| 6 1 | 10 | A. USUAL OCCUPATION (Give kind of | 108. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or fo | reign country) 12 | CITIZEN OF |
| sh | work | done during most of working life, even if retired) | 2. And A INDUSTRY | R. On | 1 71 | WHAT COUNTRY |
| ion | 13 | FATHER'S NAME | Mel file programe | 14. MOTHER'S MAIDEN NA | L' I | M. J. Z. |
| ath | 13 | J. | | 14. MOTHER SMAIDEN NA | · A AL | |
| information s of death cle | | Henry Cole | ۷ | Halle le | ac | |
| ofo | 15 (Yes | . WAS DECEASED EVER IN U.S. ARMED , no or unknown) (If yes, give war or dates | FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADD | RESS |
| es es | (- | | Jesus Maria | Ur. Mathis II. | 5 ino 3000 W | ulie The |
| item of ir he causes | | 18. 163 X | CALISE | OF DEATH | | INTERVAL BETWEEN |
| ca | | | | · · | 0 | ONSET AND DEATH |
| Every ite write the | | DISEASE OR CONDITION I LEADING TO DEAT | H Ca | vernouse d) | Lever | 6 ruo |
| er, | | (This does not mean the mode of heart failure, asthenia, etc. It mean | | 7 | | |
| Ψ | | injury or complication which es | | | | |
| | | ANTECEDENT CAUS | ES | | | |
| INK. | Z | | , _ , | | ******** | |
| Il | 임 | DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) | | | | |
| 5. | 4 | UNDERLYING CONDITION LA | | | | |
| UNFADING Physicians: | 12 | | | | | |
| AI | F | H- | (C) . | | • | |
| LYS 1ys | ER | OTHER SIGNIFICANT CONDITERING TO THE DEATH, BUT | NOT RELATED | bois of lu | ver | |
| 54 | U | TO THE DISEASE OR CONDITION | CAUSING IT. | | | 20. AUTOPSY? |
| Ħ.; | Ļ | 19A. DATE OF OPERATION | BB. MAJOR FINDINGS OF OPER | RATION | | |
| TI. | CA | 21A. ACCIDENT. SUICIDE, | 218, PLACE OF INJURY (e.g., | in or 21c. WHERE DID (I | f in Baltimore City, giv | |
| LY, WITH | EDI | HOMICIDE (Specify) | about home, farm, factory, street, office bldg., | | I III Duitimote City, Bit | c chart rocasion, |
| np,K | Z E | | | | | |
| | | 21D. TIME (Month) (Day) (Year) OF INJURY | (Hour) 21E. INJURY OCCURR | ED 21F. HOW DID INJURY | OCCUR? | |
| É | | o | m. WHILE AT NOT WHILE | | | |
| C Sa | | 22. I hereby certify that I atte | | 6 ,197, to 2 | 175- 1057 | that I last saw th |
| E e | | | , 1927 and that death occu | | he causes and on the | |
| TE | | deceased alive on 2/2 9 | | 23B. ADDRESS | | 23c. PATE SIGNED |
| | | CAIRTAN | 1-11-1 | TOGALICE | coule Ct | 4/4/0/57 |
| 思 | - | 4A. BURIAL CREMA- 24B DATE | M. D. | RY OR CREMATORY 240-L | OCATION (City, town, qr | county) (State) |
| SE | TI | ON REMOVAL (Specify) | 00 | | l. 100) | . 10 |
| E. ec | 6 | Jurial Velman | 28/57 1 sund flie | ac Tik | soulle M | sugand |
| PLEASE correct a | L | ATE RECEIVED BY REGISTRAR'S | S SIGNATURE | 5. FUNERAL DIRECTOR | , A | DDRESS |
| H | | EED 20 1957 Funtion | pr / full and : Mills | doning Br | 10rd/ 5005 | Diff State L |
| | | VS 150 | 95 1000 | 1 9/0 1/ | T. | 100 |
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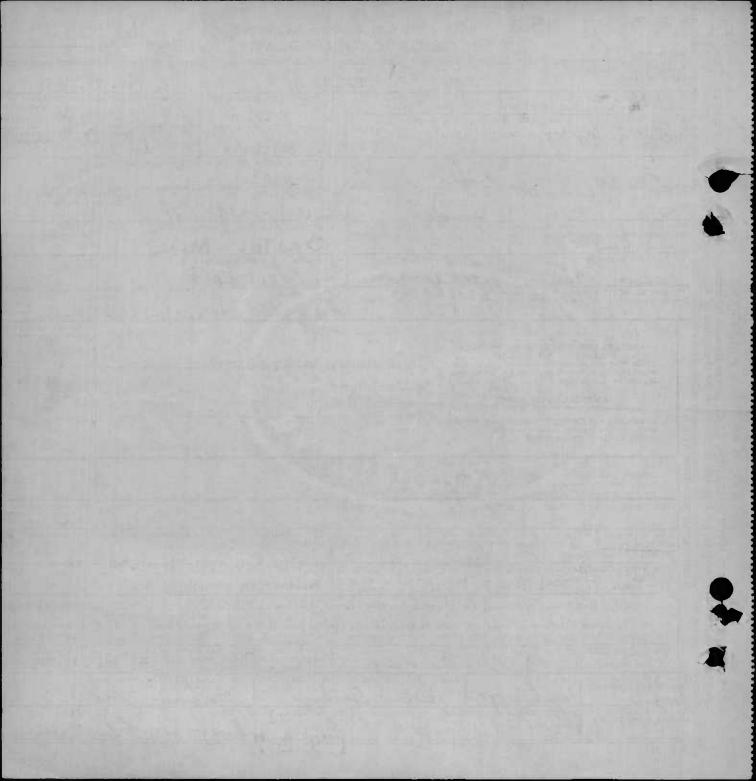
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| ERTI | FICA | TE OF | DEATH | |

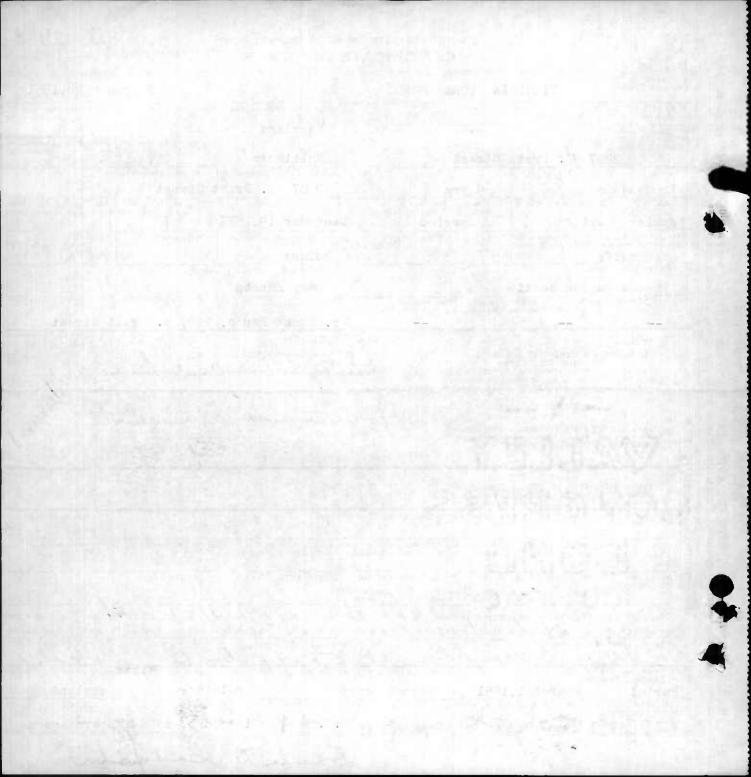
| В | RTH NO. | E OF DEATH | Registered No. | 1929 |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|-----------------------------------------------------|
| 1. | NAME OF DECEASED ype or Print) | Danner | 2. DATE OF DEATH OF | 1935 PM |
| A. | PLACE OF DEATH: Baltimore City, Maryland 3606 Shoulding Che | 4. USUAL RESIDENCE (W | | stitution: residence before admission |
| H | FULL NAME OF (If not in hospital or institution, give street address or OSFITAL OR location) | | outside corporate limits, | |
| | 3606 Spaulding Chre | Datumore | 2 | wnship |
| | Length of stay in Baltimore Yrs. Mos. Days | 2/1/1/1 | rural, give location) | |
| 700 | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. | 8. DATE OF BIRTH | 9. AGÉ (In year) II Un | der I Year It Under 24 Hours hs: Days Hours: Min |
| - | emale White Widowed (Specify) | Oct. 3, 1858 | 1192 | ns Days Hours Min. |
| worl | A. USUAL OCCUPATION (Give kind of to do a done during most of working life, even if retired) Note to the done during most of working life, even if retired) | 11. BIRTHPLACE (State or fo | reign country) | WHAT COUNTRY |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NA | AME | 11.0.0 |
| | Mylesown | Mulanton | | |
| (Ye | (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service) | 17. INFORMANT | 1 1 | DRESS One |
| | 18. 332 V CAUSE | OF DEATH | nerolough, 3 | INTERVAL BETWEE |
| | DISEASE OF CONDITION DIRECTLY | | | ONSET AND DEAT |
| | LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, | selve Then | *************************************** | 4 days |
| H | injury or complication which caused death.) DUE TO | ronchopne | emma | 4 days |
| z | ANTECEDENT CAUSES . (B) | The same | | |
| TIO | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | | |
| FICA | A A | a Union for | setene | a |
| RTIF | OTHER SIGNIFICANT CONDITIONS CON- | 11 0 | | Lyrs. |
| CEI | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | It hip | | |
| AL | 194. DATE OF OPERATION 0 198. MAJOR FINDINGS OF OPER | RATION | Village programme | 20. AUTOPSY? |
| DIC/ | 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bidg. | | f in Baltimore City, giv | |
| ME | | | | |
| | 21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURR OF INJURY WHILE AT NOT WHILE | | r occur? | |
| | m. WORK AT WORK | | Pet-26, 1951, | that I last sam th |
| | 22. I hereby certify that I attended the deceased from deceased alive on 2002 (, 1951 and that death occur | rred atlo 35 P. m., from to | he causes and on the | date stated above |
| | 911.5 - 7 200 400 | 4843 Park Her | gots Rue | 2-27-5/ |
| 2. TI | AA. BURIAL, CREMA: 24B DATE 24C. NAME OF CEMETE | | OCATION (City, town, or | |
| 6 | Durial March 1, 195/ Woodlawn | Coenelay Noo | - Control - C | lary land |
| | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25 FUNERAL DIRECTOR | 15005 FD6 | HA WA JANO |
| | VS 150 | O O | | 1 20 0 |
| 11 | | 7 2 5 | | 8312 |

Dr. Millon

BALTIMORE CITY HEALTH DEPARTMENT CERT!FICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) TEORGE OF Efully supplied oly. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE
B. COUNTY are the admission) 3. PLACE OF DEATH A. Baltimore City, Maryland (If not in hospital or institution, give street address or Howard B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION VKESUILLE D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 10 Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) If Under 1 Year 8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours last birthday) | Months: Days | Hours: Min. WHITE-5-10-1910 40 IOA. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle Tenn Laborer Day Work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARDY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. WIFE No Jo INTERVAL BETWEEN 18. CAUSE OF DEATH 525 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CHRONIE PULMONARY FIBROSIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, DUE TO (E COR PHLMONALE) injury or complication which caused death.) ANTECEDENT CAUSES INK. (B) EMPHYSEMA DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. PRONCHIECTA-SIS RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 2/20 , 1957, to 2/27 , 1957, that I last saw the deceased alive on 2/26 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED raha universe 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) Raptist Lisbon, Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE F.C. Higinbothom, Ellicott City, Md. VS 150

Registered No. 1931 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) THOMAS OF WECKESSER Feb. 27, 1951 DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF "f not in hospital or institution, give street address or location) C. CITY OR TOWN St. Agnes Hospital (If outside corporate limits, writh RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (if rural, give location) Mos. c. Length of stay in Baltimore 2616 Lehman St. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | Hender | Year | Hender 24 Hours | Months | Days | Hours | Min. DATE OF BIRTH WIDOWED, DIVORCED (Specify) White 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? information shi of death clear 13. FATHER'S NAME RADIA 15. WAS DECE SED EVER IN U. S. ARMED FORCES? INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. CAUSE OF DEXTH Every item write the cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Crushing injury of chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING XI OR CONTRIB. about home, far in, factory, street, office bldg., etc.) INJURY OCCUR? UTING I CAUSE OF DEATH. Wilking Ave. near Millington Lane 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE 1951 7:10 Pm. Pedestrian struck by bus Autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🗋, accident 🔼, suicide 📋, homicide 🗀, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c, DATE SIGNED ASSISTANT MEDICAL EXAMINER....
MEDICAL INVESTIGATOR..... Feb. 28, M.D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) Surge amelery DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FONERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR V S 151





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH George Edward Pinder. 1. NAME OF DECEASED (Type or Print) OF fully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate links, write HURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Dironed 10A. USUAL OCCUPATION (Givekind of BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR work doneduring most of working life, even if retired) INDUSTRY LABORER ton, md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL SECURITY NO 002X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 21B, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 19N , that I last saw the 124. 1981, and that death occurred at J deceased alive on 2 1 m., from the causes and on the date stated above. 23B. ADDRESS 24A. BURIAL, CREMA-24B. DATE 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

before admission)

If Under 1 Year

12. CITIZEN OF

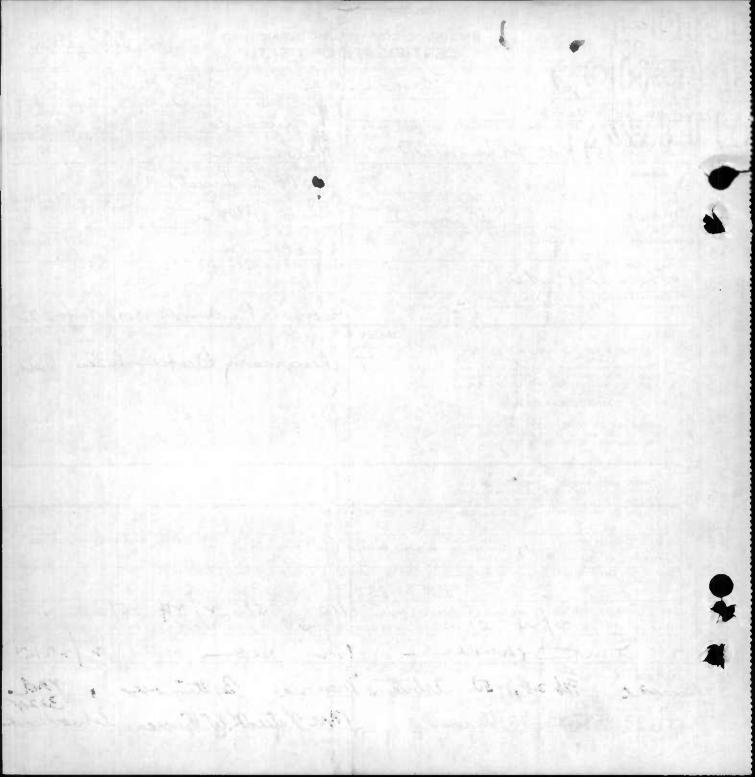
WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

YES



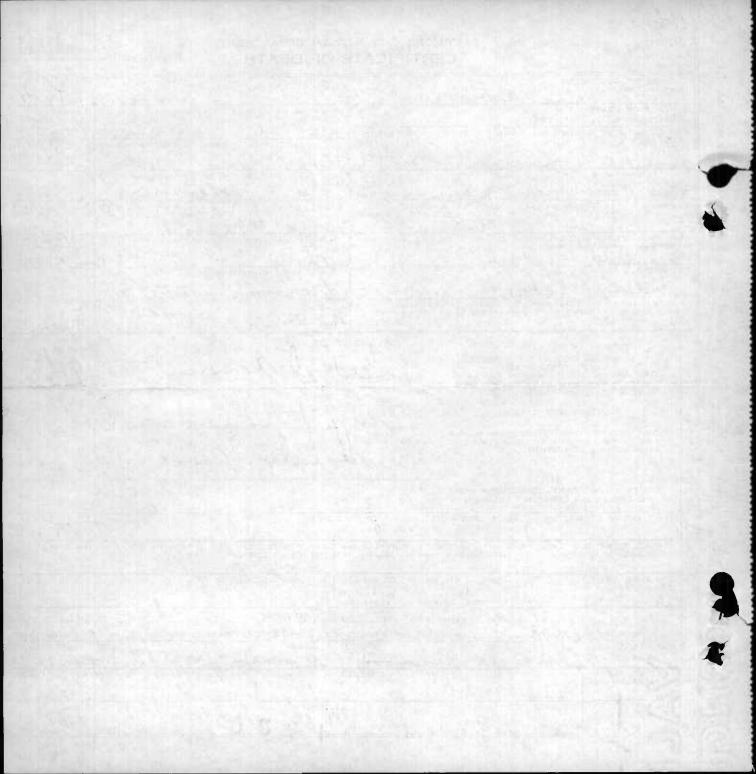
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| V | | |
|------------|---------|------|
| X | 54 | 4004 |
| n. A.A. | W. J.J. | 1334 |
| Registered | NO | |

| = | BIRTH NO. | | | | | | | |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|--|--|--|--|--|
| | I. NAME OF DECEASED (Type or Print) | 2. DATE | | | | | | |
| ed | (Type or Print) Helen Rebecca Ohle | | 28,1951 | | | | | |
| supplied | 3. PLACE OF DEATH: A. Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If in a. STATE B. COUNTY | stitution : residence before admission) | | | | | |
| ns | B. FULL NAME OF (If not in hospital or institution, give street address o | | | | | | | |
| lly | HOSPITAL OR location | C. CITY OR TOWN (If outside corporate limits, | write RURAL and give township) | | | | | |
| 2 2 | Haspital for the Women of Md | Janey Town | | | | | | |
| | Yrs. | D. STREET ADDRESS (If rural, give location) | 11.00 | | | | | |
| le | c. Length of stay in Baltimore 4/2, hours Days | 56 W. Baltimore | | | | | | |
| a P | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | 8. DATE OF BIRTH 9. AGE (In years) If Under I Year II Under 24 Hours | | | | | | |
| 7 | F WIDOWED, DIVORCED (Specify | 12 -16-1899 last birthday) Months Days Hours Min. | | | | | | |
| 0.1. | 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR | | 2. CITIZEN OF | | | | | |
| sh | work done during most of working life, even if retired) | | WHAT COUNTRY? | | | | | |
| Col | H. W Own Frome | 1/12 | u.s.a. | | | | | |
| ath | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | |
| information of death cl | William Echard | martin, canette B. | | | | | | |
| of | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO | | DRESS | | | | | |
| em of in | (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. | Mrs Gardon Fogel unis | in Bridge, md. | | | | | |
| ngans | 18. 443 X CAUSE | OF DEATH | INTERVAL BETWEEN | | | | | |
| item the cau | DISEASE OR CONDITION DIRECTLY | 1 1 1 1 1 | ONSET AND DEATH | | | | | |
| th | LEADING TO DEATH | relieble levelent. | 9 10 | | | | | |
| te | heart failure, asthenia, etc. It means the disease, | | 1200 | | | | | |
| Every write th | injury or complication which caused death.) DUE TO | | - X - 15-17-18-18 | | | | | |
| | ANTECEDENT CAUSES | 1 | | | | | | |
| INK. | (B) | pervant ardio | | | | | | |
| Dld bld | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | | | | | | | |
| S.S. | UNDERLYING CONDITION LAST. | resculos deserva | | | | | | |
| DIN | (c) | - LOW OURSE. | | | | | | |
| UNFADINC Physicians: | F I I I I I I I I I I I I I I I I I I I | | | | | | | |
| NE | C OTHER SIGNIFICANT CONDITIONS CON- 田 TRIBUTING TO THE DEATH, BUT NOT RELATED | | | | | | | |
| DE | O TO THE STORY OF | | | | | | | |
| Ħ.; | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE | RATION | 20. AUTOPSY? | | | | | |
| TT an | U 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., | . Late Wilepe Did (16 in Belgier City of | YES NO | | | | | |
| Y, WITH | 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg. | | e exact location) | | | | | |
| N W | 5 | | | | | | | |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY | | | | | | | |
| - | m. WHILE AT NOT WHILE M. WORK AT WORK | 1 1 1 2 | | | | | | |
| G F | 22. I hereby certify that I attended the deceased from \$ | amteb 28195/ to deat teb 195/ | that I last saw the | | | | | |
| Sp | 3 // ~ | rred at 91309m., from the causes and on the | | | | | | |
| T e | | 23B. ADDRESS | 23c. DATE SIGNED | | | | | |
| 8 | 12 Xola Mula | Gromers Hospilet | 2/28/51 | | | | | |
| 03 F | 24A. BURHAL, CHEMA- 24B. DATE / 24C. NAME OF CEMETI | ERY OR CREMATORY 24D. LOCATION (City, town, o | r county) (State) | | | | | |
| SE a | TION, REMOVAL (Specify) | 0 + 1 2 V+ 10 | m. 1 | | | | | |
| PLEAS correct | DATE RECEIVED BY REGISTRAR'S SIGNATURE | 1 25, FUNERAL DIRECTOR | ADDRESS | | | | | |
| PL | LOCAL REGISTRAR | 1 NJ 2108 1 + | 0.1 | | | | | |
| | FFR 28 1951 Tuto to Milioney Mile is | h Just Son Janeylow | n, Md. | | | | | |
| 101 | VS 150 | | 927 | | | | | |
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| 11 | 1/L | 155 | |
|--------------------------------------------|---------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| H- | 17 | BALTIMORE CITY HE | EALTH DEPARTMENT 51 193 |
| | U. | CERTIFICATI | |
| The | 2. DATE | | |
| ed. | | ype or Print) EARL LEE HOLMAN | OF DEATH 2/24/57 |
| supplied. | | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admissi |
| su | | FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) | |
| efully oly. | | ISTITUTION | townsh |
| efu oly | - | 1708 Madison Ave Yrs. | D. STREET ADDRESS (If rural, give location) |
| | c. | Length of stay in Baltimore 78yrs Days | 1708 Madison Ave |
| 1 be | 5. | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE (in years 1 Under Year 11 Under 24 H last birthday) Months; Days Hours; M |
| Tig & | | M C M | NOV 6th Joha 49 |
| sh | worl | A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTRY | |
| tion h cl | 13 | CHAUFFEUR CONSTRUCTION | BLACKSTONE, VA. U.S.A. |
| mai | | BICHARD HOLMAN | |
| nDING information sl s of death clea | 15 | . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL | ROSIE 17. INFORMANT ADDRESS |
| f ir | (10 | (a, no or unknown) (If yee, give war or dates of service) SECURITY NO. | |
| em of in | | 18. 002 X , CAUSE (| OF DEATH INTERVAL BETWE |
| it C | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | |
| | | (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, | rovered vilmoning 10- 50 |
| Evel Write | | injury or complication which caused death.) OUE TO | Tateral Tuberculosis |
| 15 | _ | | sacras Suberculoses |
| INK. | TIO | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | |
| 2 2 3 | | UNDERLYING CONDITION LAST. | |
| MARGIN H UNFADING Physicians: p | RTIFIC | -11 | |
| TAR FFA ysic | | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED | |
| Phy Phy | CE | TO THE DISEASE OR CONDITION CAUSING IT. | |
| | AL. | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | |
| LY, WITH | DICA | 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in | n or 21c. WHERE DID (If in Baltimore City, give exact location) |
| Y, | MEL | LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e | ntc.) INJURY OCCUR? |
| H | ~ | 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI | |
| ্ৰ ব | | m. WHILE AT NOT WHILE AT WORK AT WORK | |
| | | 22. I hereby certify that I attended the deceased from O | 1950, to Tel 24, 1957, that I last saw |
| WRITE s esi | | deceased alive on 14 , 191 , and that death occur 23A. SIGNATURE 2 | rred at CPM m., from the causes and on the date stated abo |
| 8 | | | 1723 Drained / fiel Com 2-26-5 |
| | 24 | 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify) | |
| SAS | | Burial 2/27/51 Mt. Calvary | Cemetery Balto Md. |
| PLEASE correct a | D. | ATE RECEIVED REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR ADDRESS |

DNSET AND DEATH 50 20. AUTOPSY? YES ND ity, give exact location) 19.51, that I last saw the on the date stated above. 23c. DATE SIGNED 2-26-51 town, or county) ADDRESS

51 1935

imits write RURAL and give

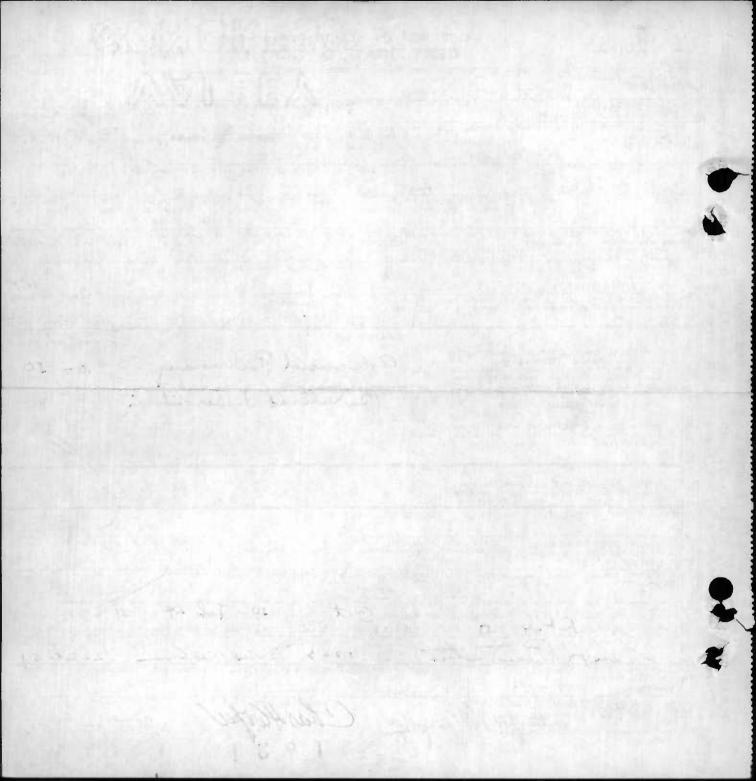
Il Under | Year | Il Under 24 Hours | Months | Days | Hours | Min.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

before admission)

VS 150

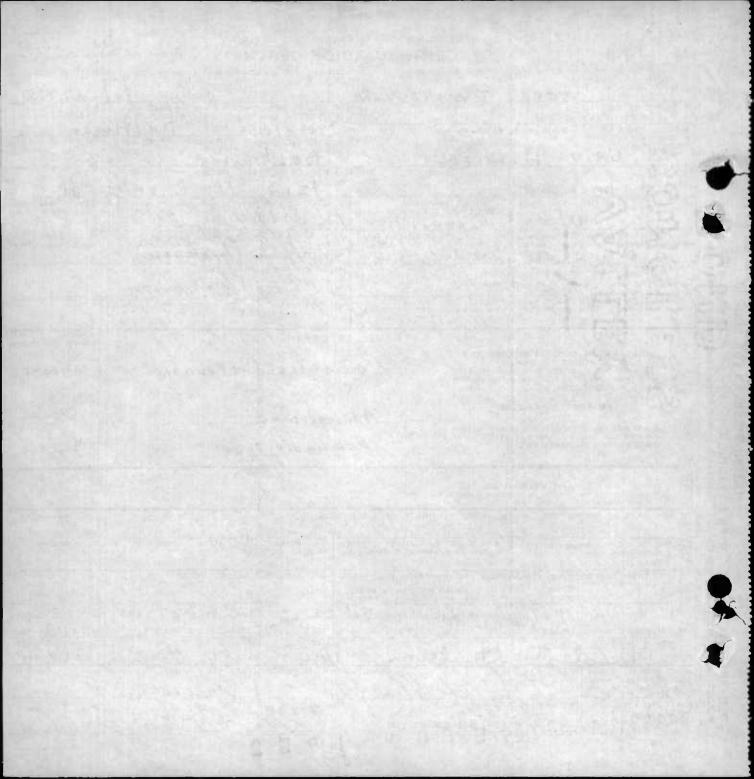


| 15 | 20 |
|-------------------|----------|
| 51 | 1938 |
| BIRTH | NO. |
| 1. NAM (Type o | r Print) |

BALTIMORE CITY HEALTH DEPARTMENT CERT!FICATE OF DEATH

Registered No. 1936

| II_B | SIRTH NO. | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| | NAME OF DECEASED Type or Print) OF DEATH 2. DATE OF DEATH | 1_04 1951 |
| | B. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY | nstitution: residence before admission) |
| В | FULL NAME OF (If not in hospital or institution, give street address or Mary and Balt) | inorc |
| | NSTITUTION (If outside corporate limits, | write RURAL and give township) |
| - | Yrs. O. STREET ADDRESS (If rural, give location) | ./ |
| | Length of stay in Baltimore Mos. Days 1219 N. Charles | |
| 5 | | nder I Year If Under 24 Hours the Days Hours Min. |
| | OA. USUAL OCCUPATION (Give bind of 10B, KIND OF BUSINESS OR) 13. BIRTHE AND STREET OF THE STREET OF | 2. CITIZEN OF |
| | BARTEN DER Bewall / Soll Williams (MATTER) | WHAT COUNTRY? |
| 1 | 3. FATHER'S NAME | |
| 1 | om Joanowni Julping Wahnnon | |
| (x | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AD 218-066 | DRESS |
| | 18. 58/./ CAUSE OF DEATH | INTERVAL BETWEEN |
| | OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) | |
| | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO | 2 years |
| | ANTECEDENT CAUSES | St. 14. |
| O | DISEASES OR CONDITIONS, IF ANY, GIVING | sgrass |
| CAT | (C) | Syran |
| RTIFI | OTHER SIGNIFICANT CONDITIONS CON- | |
| CE. | TRIBUTING TO THE DEATH, BUT NOT RELATED | |
| L | 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| EDICA | 2 1A. ACCIDENT WAS UNDER. 2 1B. FLACE OF INJURY (e.g., is or 2 1C. WAS COURT IN BAILIMORE City, gr | |
| Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | |
| | m. WHILE AT NOT WHILE AT WORK | |
| | deceased alive on Ell 27, 1951, and that death occurred at 9 Pm., from the causes and on the | that I last saw the |
| | 23A. SIGNATURE 23B. ADDRESS | 23C. DATE SIGNED |
| | BURIAL CHEMA 24B. DATE 24C NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, as | r county) (State) |
| 12 | Mirror 3/28/51 H Marys, Reading (| 1a. |
| | DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR | ADDRESS |
| | FEB 28 1951 mais for Millians Mar / Millians 1214 St | and DI |
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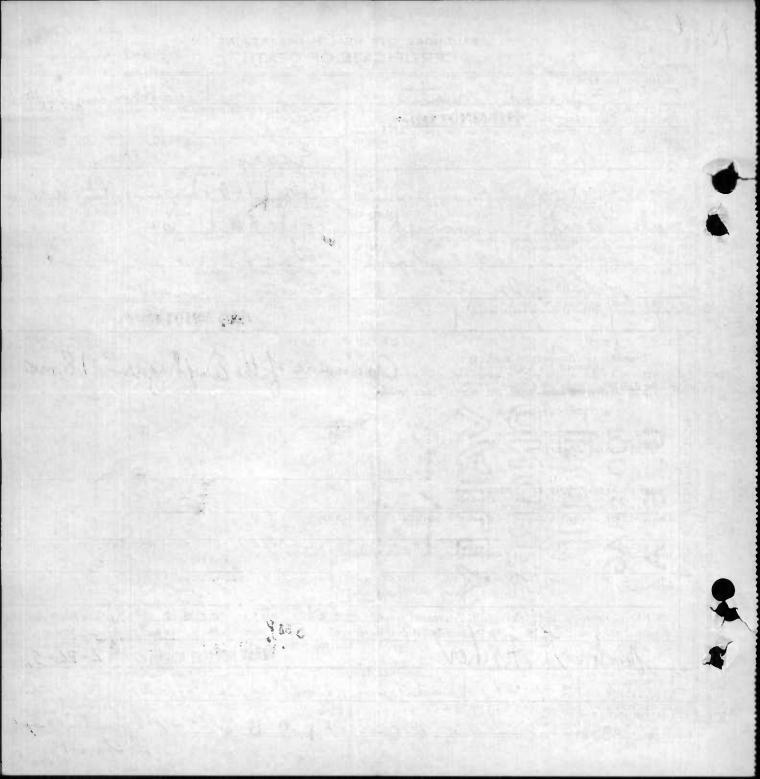
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| 0 77 | 1937 |

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

51. 1937 Registered No.

| BI | RTH NO. | CERTIFICAT | E OF DEATH | Registered No | |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|
| 1. | NAME OF DECEASED type or Print) | mantin | | 2. DATE OF DEATH FELMINA | 26,1451 |
| B. HC | SPITAL OR | astitution, give street address or location) | A. USUAL RESIDENCE (Whe | B. COUNTY | Vefore admission) |
| IN / | STITUTION | | Essex | 531 | township) |
| $\overline{}$ | Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SI | Yrs. Mos. Days | Bax 7720, | P. AGE (In years) I Under | t. Rd. |
| 10 | nale white " | IDOWED, DIVORCED (Specify) KIND OF BUSINESS OR INDUSTRY | 5-11-86 11. BIRTHPLACE (State or fore | last birthday) Months 64 ign country) 12. | Days H Under 24 Hours Days Hours Min. CITIZEN OF WHAT COUNTRY? |
| | Bricklager Sel. FATHER'S NAME Presley mo | of Engloyed. | 14. MOTHER'S MAIDEN NAM | a. | |
| 15 (Yes | . WAS DECEASED EVER IN U.S. ARMED FORC (If yes, give war or dates of serv | ES? 16. SOCIAL SECURITY NO. | 17. INFORMANT | PEIRS HORPITAL | ESS |
| | DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES | og, e.g., (A) Curul | noma of the Es | | NITERVAL BETWEEN ONSET AND DEATH |
| ERTIFICATION | DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F | (C) | | | |
| CC | TO THE DISEASE OR CONDITION CAUS | | RATION | | 20. AUTOPSY? |
| EDICA | | B. PLACE OF INJURY (e. g., i home, farm, factory, street, office bldg., | | in Baltimore City, give | YES NO L |
| M | 21D. TIME (Month) (Day) (Year) (Hour OF INJURY | 2 1E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK | | OCCUR? | |
| | | 5, and that death occur | | causes and on the de | |
| | 23A. SIGNATURE AND AM | M. D. | | IS HOSPITE 2 | - 26-51 |
| | BA. BURIAL CREMA: 24B. DATE ON, REMOVAL (Specify) Burial 3-1-51 | Cak Jawn | Centley Bal | L. Co. | mcl (State) |
| D | ATE RECEIVED BY REGISTRAR'S SIG | Misure Misure | 25. FUNERAL DIRECTOR | 4-418 Eas | tern lug |
| | .VS 150 | 504 2º | 4 | 46 auto | 21 mel. |



24C, NAME OF CEMETERY

51. 1938

Registered No-(Where deceased lived, If institution; residence before admission) If outside corporate limits, write URAN and give township) give location) If Under | Year AGE (In years last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS. INTERVAL BETWEEN ONSET AND DEATH (If in Baltimore City, give exact location) . 1921, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county)

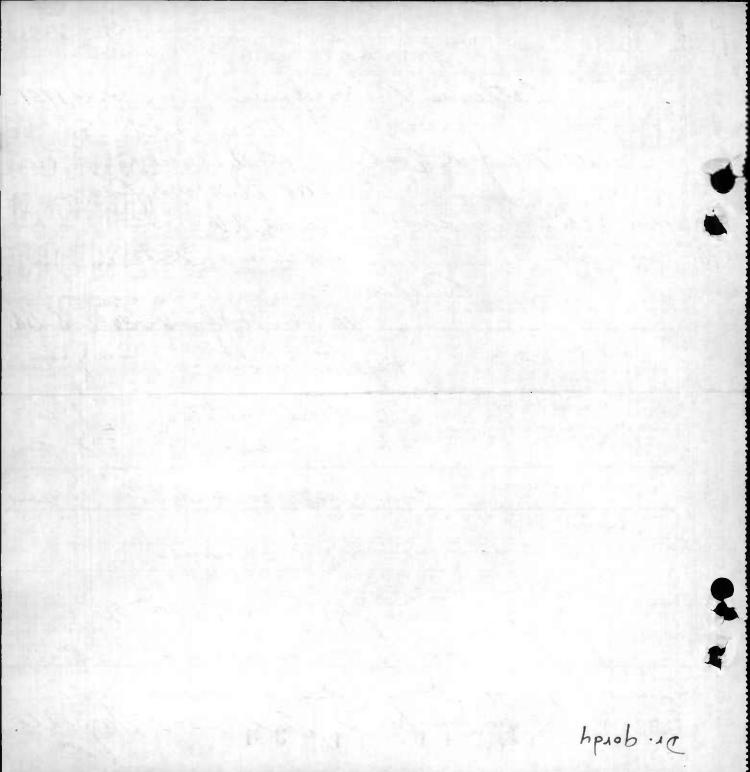
DATE RECEIVED BY LOCAL REGISTRAR FFB 28 1951

24A. BURIAL, CREMA-TION, BEMOVAL (Specify)

24B DATE

REGISTRAR'S SIGNATURE

with a work



VS 150

before admission)

Il Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

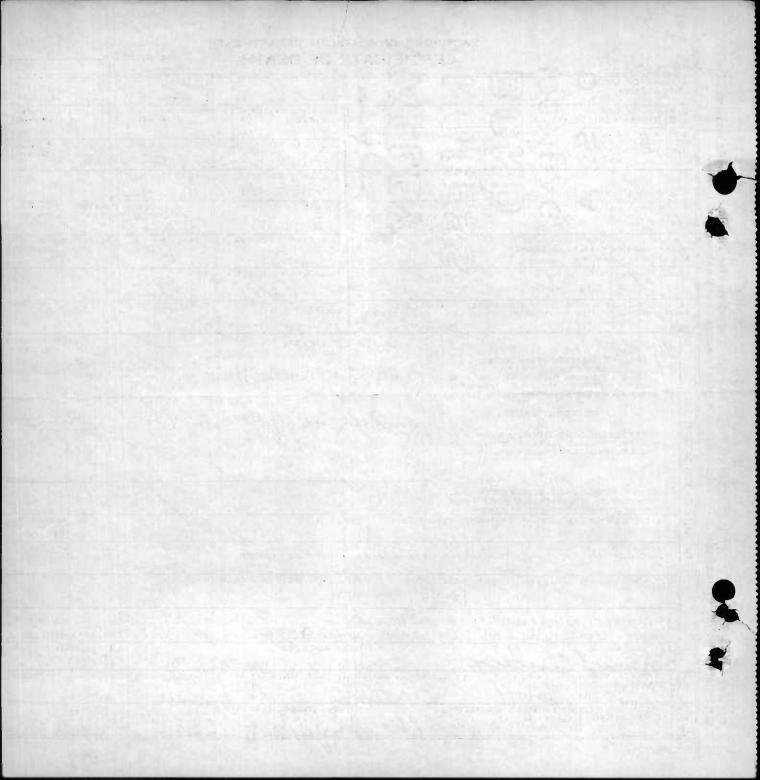
20. AUTOPSY

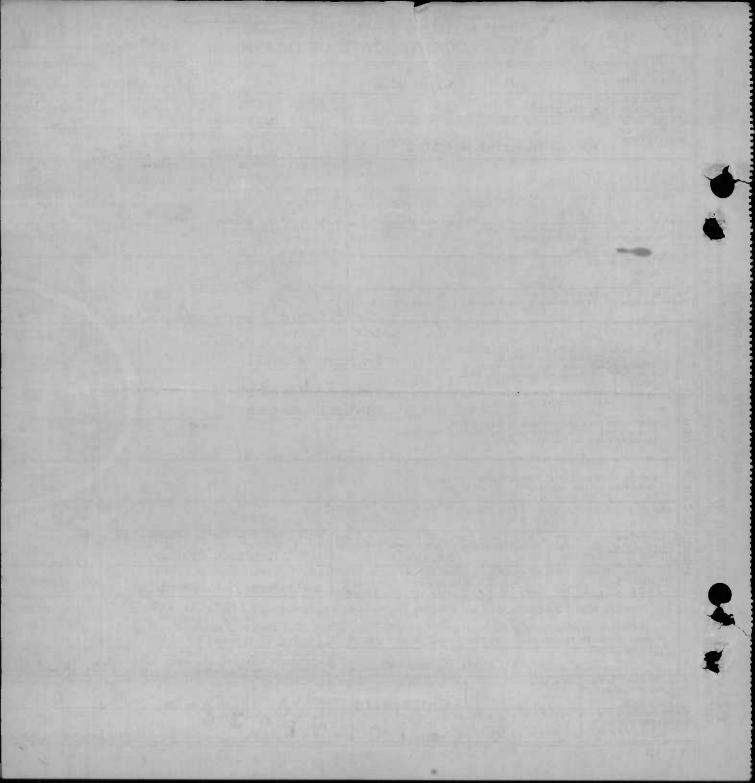
23c. DATE SIGNED

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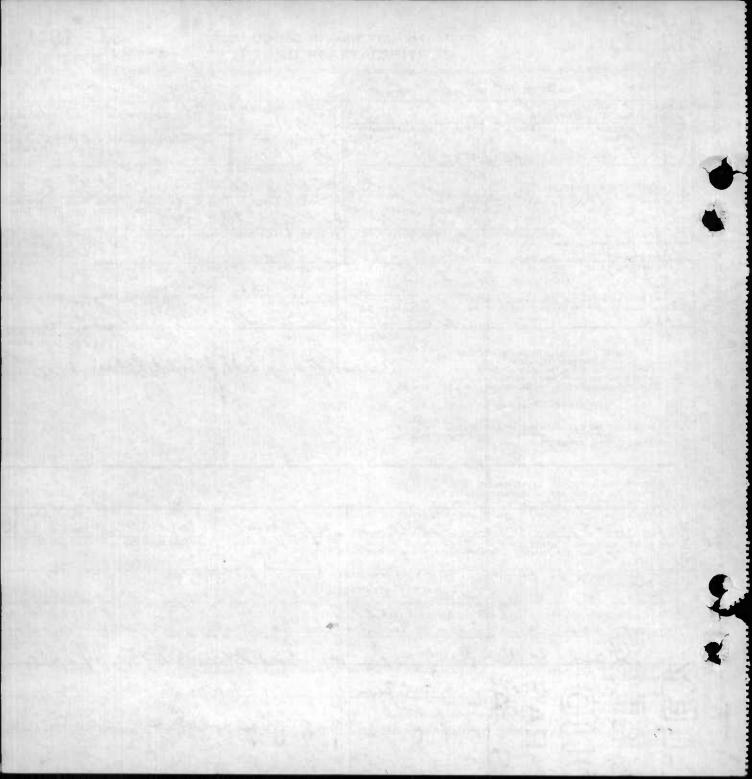
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UNFADING Physicians: 1

RESERVED

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED Gertrude 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION a Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) · Slamstress a 13. FATHER NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO. 4-18-9436 18. CAUSE OF DEATH 193 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. $\bar{\mathbf{u}}$ 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION -12-5 218. LACE OF INJURY (e. g., in or 2/IC. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-ED about home, form, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 1951, to 2 - 26 22. I hereby certify that I attended the deceased from 2 . 195 / that I last saw the deceased alive on 2-26 . 19 5 and that death occurred at 2 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED morrelgen M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CHEMATORY LOCATION (City, town, or equity) asunal DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR LOCAL REGISTRAR

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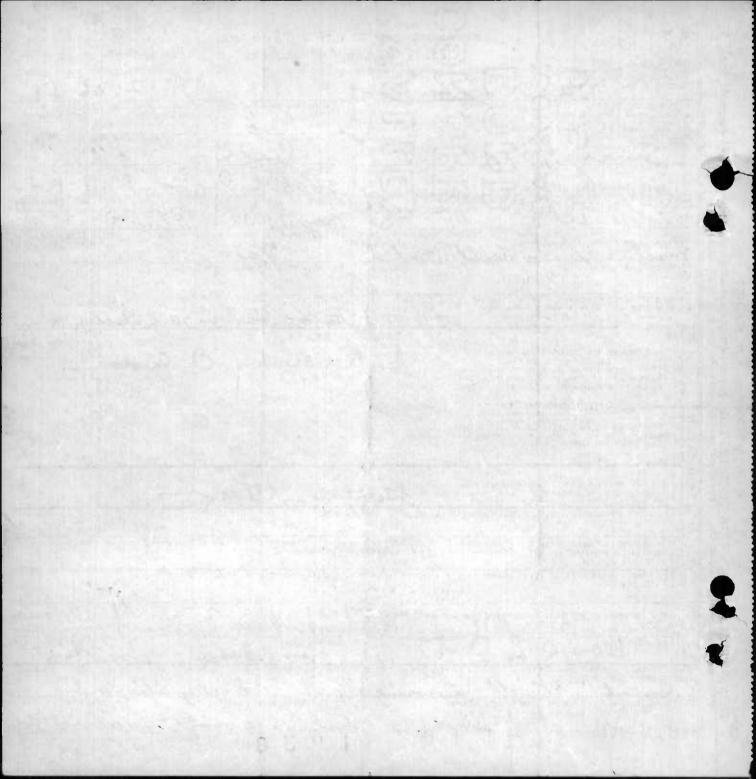
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1942

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limit, write RURALLAN give HOSPITAL OR C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (Krural, give location) Mos. c. Length of stay in Baltimore 605 Days AGE (In years 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months; Days Hours; Min. may 31,1903 10A. USUAL OCCUPATION (Give kind of) 11. BATHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of worklog life, even if retired) WHAT COUNTRY? information s of death cle e Operator a hur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN y item the cau 18. CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. (C) ... RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 ALITOPS DICAL 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) sbout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 2-9-5 . 195 , that I last saw the . 19_ Lto. 1956 and that death occurred at 2:22 Pm., from the causes and on the date stated above. deceased alve on_ 238. ADBRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-24B. DATE 24c NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Osusial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL LOCAL REGISTRAR



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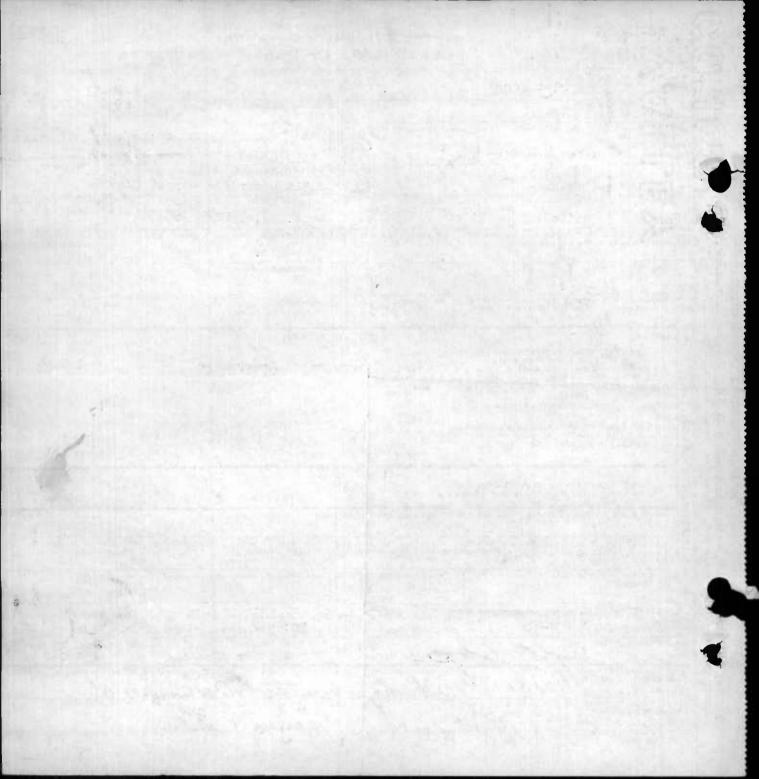
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1944

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Harriet Mech OF 2-26-51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) Baltimore City Hospitals Baltimore D. STREET ADDRESS (If rural, give ocation) 2316 Cambridge Street (24) c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year last hirthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Sept. 30, 1882 Wnite 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 330.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., 1 Day Subarachnoid Hemorrhage heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 2-25 151 to 2-26 , 151, that I last saw the deceased alive on 1951 and that death occurred at 10:55 m. from the causes and on the date stated above. 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Mastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) Bureal DATE RECEIVED BY LOCAL REGISTRAT

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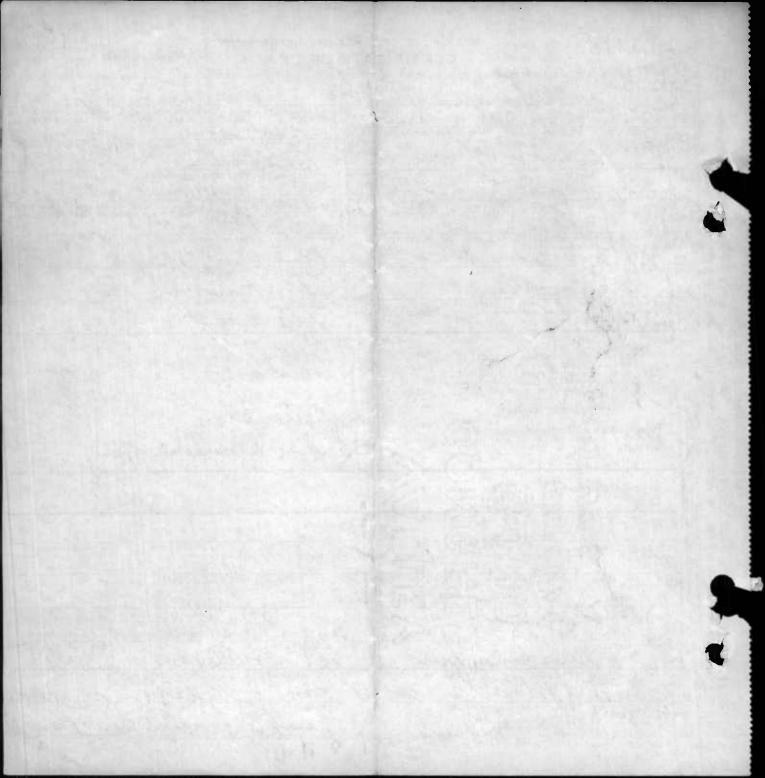


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BALTIMORE CITY HEALTH DEPARTMENT

51 1943

| | BIRTH NO. CERTIFICATE | E OF DEATH Registered No. | |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| | 1. NAME OF DECEASED (Type or Print) | 2. DATE 2, /2. | 6151 |
| | a. Baltimore City, Maryland 320 M Mounts | 4. USUAL RESIDENCE (Where deceased lived. If inst | itution : residence before admission) |
| | B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) | | rije ku AL and give |
| | INSTITUTION 320 N. Mount St. Yrs. | D. STREET ADDRESS (If rural, give location) | township) |
| | c. Length of stay in Baltimore | 320 n. Mount A | 7 |
| | 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE (In years last birthday) Months | |
| | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) OMES IN HOME | 11 BIRTHPLACE (State or foreign country) 12. | CITIZEN OF WHAT COUNTRY? |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL | Michown | |
| | (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | annie Green 328 n. W | owntst. |
| | 773/1 | OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) | Lyelitis | 1 yr |
| | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO | | |
| | ANTECEDENT CAUSES | hyperleusion - | ? |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | 2 L'a M | |
| | (c) | arma mysterae inary win | 7 |
| | OTHER SIGNIFICANT CONDITIONS CON- | | |
| | TO THE DISEASE OR CONDITION CAUSING IT. | | l no we are |
| | The same of Great and Gr | ATTON | YES NO |
| | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, at reet, office bldg., e | n or 21c. WHERE DID (If in Baltimore City, give stc.) INJURY OCCUR? | exact location) |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY m. WHILE AT NOT WHILE AT WORK | | |
| | 22. I hereby certify that I attended the deceased from | , 1939, to Jel 26, 1957, 11 | hat I last saw the |
| 1 | deceased alive on 10 23, 1927, and that death occur | rred at TA m., from the causes and on the d | late stated above. |
| | 23A. SIGNATURE Suglas Supplered M. D. 2 | 604 y. Julloy and 2 | 3c. DATE SIGNED |
| | 24A. BURIAL CREMA- 248. DATE 2140 ALE. NAME OF CEMETER | RY DECREMATORY 24D. LOGATION (City town, or confusion) | (State) |
| İ | DATE RECEIVED BY REGISTRAR'S SIGNATURE | | DDRESS |
| | FEB 201931 Fluxing to Allique | Joseph a Kwely 66/4 | 1. Barres |
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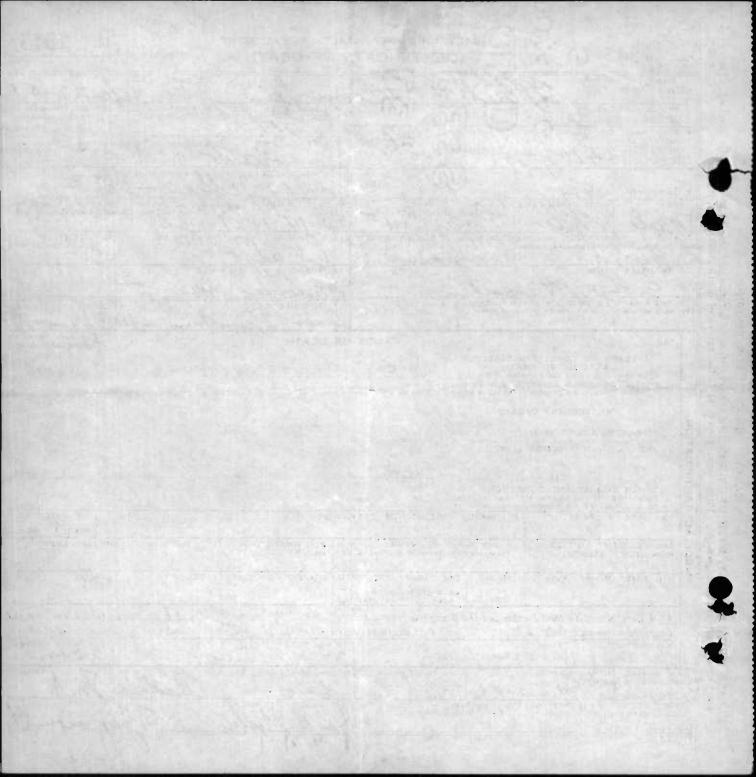
ORSET AND DEATH

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23C. DATE SJGNED

ADDRESS

12. CITIZEN OF

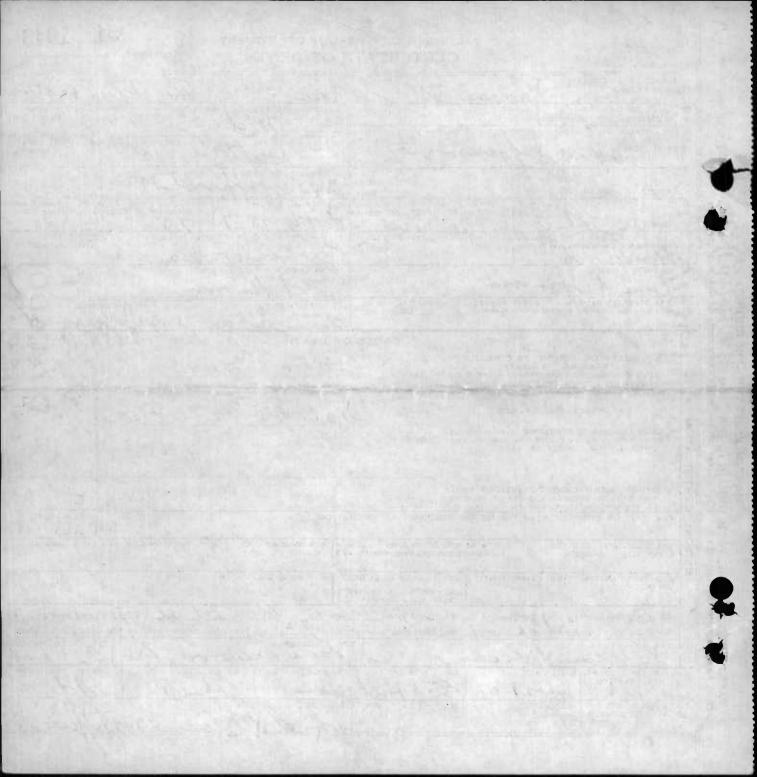


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BALTIMORE CITY HEALTH DEPARTMENT

51. 1946

| BIF | RTH NO. | | | CERTIF | ICATE | OF DEATH | Registere | d No. |
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| | NAME OF DE pe or Print) | 1 6 | eresa | M. | Si | kora | 2. DATE OF DEATH | b. 26-5-1 |
| | PLACE OF DE Baltimore C | ATH: ity, Maryland | | | | 4. USUAL RESIDENCE | Where deceased lived. | |
| | SPITAL OR | | de so | on, give street | address or location) | c. CITY OR TOWN | If outside corporate li | prits, we'le RUM. L and give township) |
| | 11 6 4 | D 11: | | | Yrs. Mos. | D. STREET ADDRESS | If rural, give location) | |
| - | The state of the s | ay in Baltimore 6.COLOR DR RACE | | MARRIED, ED, DIVORCE | Days | B. DATE OF BIRTH | 9. AGE (in years last birthday) | If Under I Year It Under 24 Hours Months: Days Hours Min. |
| | male OCC | White UPATION (Give kind o | mo | OF BUSINES | 1 | 11. BIRTHPLACE (State or | 73 | 12 CITIZEN OF |
| | | working life, even if retired | | | IDUSTRY | Czechoslov | akia | WHAT COUNTRY? |
| 13. | FATHER'S N. | & Sina | ha | | | MOTHER'S MAIDEN | NAME | |
| 15. Yes. | WAS DECEASE no or unknown) | D EVER IN U.S. ARME (If yes, give war or dat | D FORCES? | 16. SOCIAL SECURI | | 17. INFORMANT | | ADDRESS II |
| T | 18. 5/ | | | | AUSE | OF DEATH | ia 2334 | INTERVAL BETWEEN |
| | DISEAS | E OR CONDITION LEADING TO DEA not mean the mode | TH | | Di | aboutic Co | Ша | 2/16/57 |
| | heart failur | e, asthenia, etc. It me complication which | ans the disease | , | | | | |
| Z | | ANTECEDENT CAU | | (B) | 2) | iobs too Me | ell Fir | 0 1/15.47 |
| 2 | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | | | | | | |
| | | 11 | | (C) | | | | |
| CER | TRIBUTING | IGNIFICANT CONE TO THE DEATH, BUT SEASE OR CONDITIO | NOT RELATE | D | | | | |
| AL | | | 19B. MAJOR | | OF OPERA | ATION | mal man | 20. AUTOPSY? |
| EDIC | 21A. ACCIDE HOMICIDE | NT. SUICIDE, (Specify) | 21B. PLA about home, fa | CE OF INJUI | RY (e. g., in , office bldg., et | er 21c. WHERE DID | (If in Baltimore Cit | y, give exact location) |
| Σ | 21D. TIME () OF INJURY | Month) (Day) (Year | w | HILE AT WORK | OCCURRE NOT WHILE | 21F. HOW DID INJU | RY OCCUR? | |
| | | certify that I at | tended the | deceased fr | om ja | 15 , 1947, to | | that I last saw the |
| | 234 SIGNAT | URE OF SE | | ind that dec | th occur | 38 ADDRESS | the causes and or | the date stated above |
| | A. BURIAL, C | | y van | | M. D. | RY DR CREMATORY 24D. | LOCATION (City, to | wn, or county) (State) |
| 0 | N. REMOVAL (S | Mari | 1-51 | Jak b | till . | bem. 6 | Balto. | Md. |
| LC | CAL REGISTI | RARY REGISTRATE | S SIGNATU | READILL | | 25 FUNERAL DIRECTOR | The 230 | 34 allers |
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| Φ | BI | RTH NO. 5 | 0-25080 |) | CERTIFICA | ATE | OF DEATH | Regis |
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| l. The | (T | NAME OF D ype or Print) | G | LORIA | A. S | NOW | | 2. DATE OF DEATH |
| efully supplied. | | PLACE OF D Baltimore (| EATH: City, Maryland | | 4. USUAL RESIDENCE (W | here deceased B. COL | | |
| ldn | | FULL NAME OSPITAL OR | OF (If not in hospit | tal or institu | tion, give street addre | ess or | Maryland C. CITY OR TOWN (If | outside corpoi |
| <u>N</u> | IN | STITUTION | Johns Hopk | ins Hos | ni tal | | Baltimore | /usside corpor |
| full y. | - | 0.52 | 001110 110 121 | 1.10 1.00 | | Yrs. | D. STREET ADDRESS (If r | ural, give loc |
| e (p | c. | Length of s | tay in Baltimore | | | Mos. Days | 729 Harfor | d Avenu |
| d be | 5. | Female | 6.COLOR OR RACE | | E, MARRIED, VED, DIVORCED (Sp | pecify) | 8. DATE OF BIRTH | 9. AGE (In last birth |
| sh | | A. USUAL OC | CUPATION (Give kind of of working life, even if retired) | | O OF BUSINESS O | | 1 UBIRTHPLACE (State or for | reign country |
| on | 13 | . FATHER'S | NAME | 1 | | | 14. MOTHER'S MAIDEN NA | ME |
| nati ath | | | K | | | | N | |
| BINDING of information uses of death cle | 15 (Yes | . WAS DECEASI | OLEVER IN U.S. ARME | D FORCES? | 16. SOCIAL SECURITY N | 10. | 17. INFORMANT | |
| MARGIN RESERVED FOR BINI NFADING INK. Every item of in 1ysicians: please write the causes | RTIFICATION | (This does heart failt injury or DISEASE RISE TO TUNDERLY | SE OR CONDITION LEADING TO DEAS s not mean the mode are, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II GIGNIFICANT COND | of dying, e. of dying, e. ans the dises caused deat SES IF ANY, GIVI DISTANCE TANY, GIVI DISTANTING TAST. | g., (A)se, se, h.) due to (B) | ************ | nopneumonia | |
| MARGIN UNFADING Physicians: | CERT | TRIBUTING TO THE D | G TO THE DEATH, BUT DISEASE OR CONDITION | NOT RELAT | ED | OPERA | ATION | |
| | L. | ISA. DAIL C | , OF ENATION | 10B. MA001 | | | | |
| LY, WITH important. | EDICA | UNDERLYIN | NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH | about home, | ACE OF INJURY (farm, factory, street, office | | | in Baltimor |
| LY | Σ | 21d. TIME OF INJURY | (Month) (Day) (Year |) (Hour) | | URREI | 21F. HOW DID INJURY | occur? |
| TE especta. | | the evi | fy that I took cha idence obtained by eath in my opinion | said Aut | remains describ | or In | ooo, recour are | opsy nspection or ccased diec , homicia |
| E age | | 23A. SIGNA | TURE | Sur | carlan | М.Г | 23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO | XAMINER XAMINER OR |
| PLEASE correct ag | TIC | A. BURIAL, (S) | Specify) | | 24C. NAME OF CEN | OPKINS | MEDICAL SCHOOL FEB 2 | 3 1951 |
| PL | | CAL REGIST | | SSIGNATI | JRE | | 25. FUNERAL DIRECTOR | of Head |

BALTIMORE CITY HEALTH DEPARTMENT

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51 stered No. February 12, lived. If institution : residence NTY before admission) rate limits, write RURAL and give township) ation) years | | Under | Year | | Under 24 Hours | day | Months | Days | Hours | Min. 2늘 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH

> 20. AUTOPSY? YES X

e City, give exact location)

thereon and from

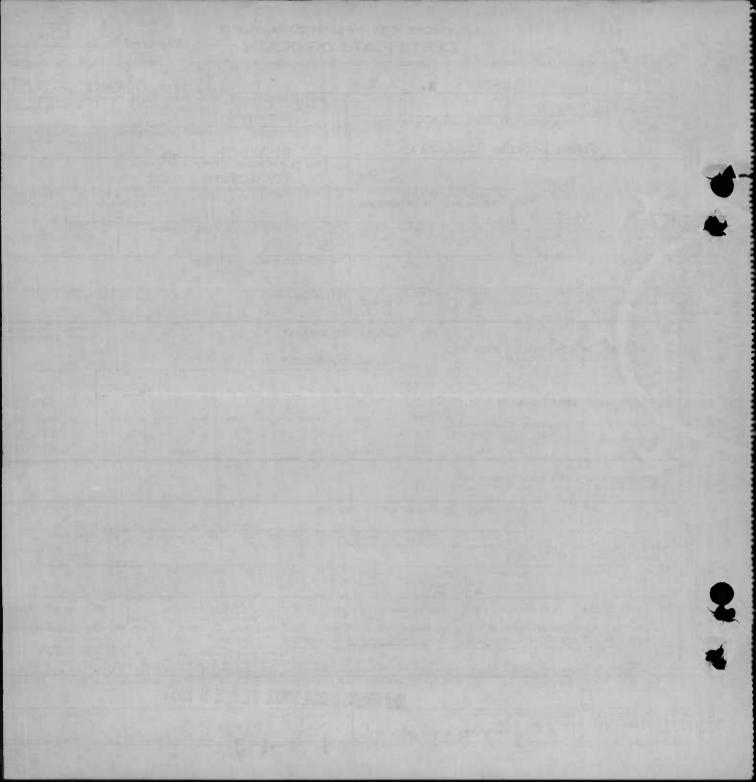
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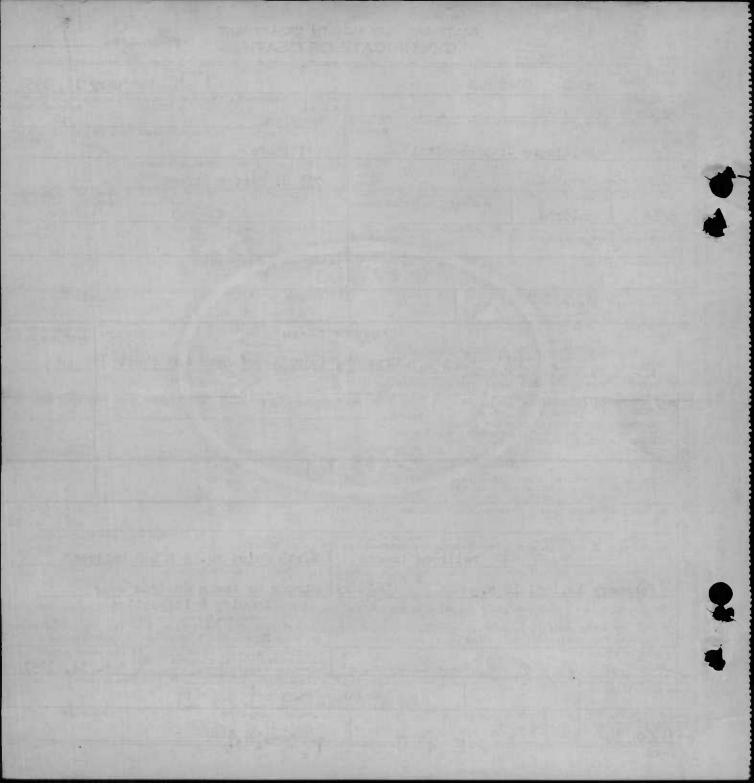
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25. FUNERAL DIRECTOR

ADDRESS



20. AUTOPSY (If in Baltimore Clty, give exact location) 1950 to 1875 28, 1951, that I last saw the 23c. DATE SIGNED 2/28 24p. LOCATION (City, town, or county) Indiana ADDRESS

before admission)

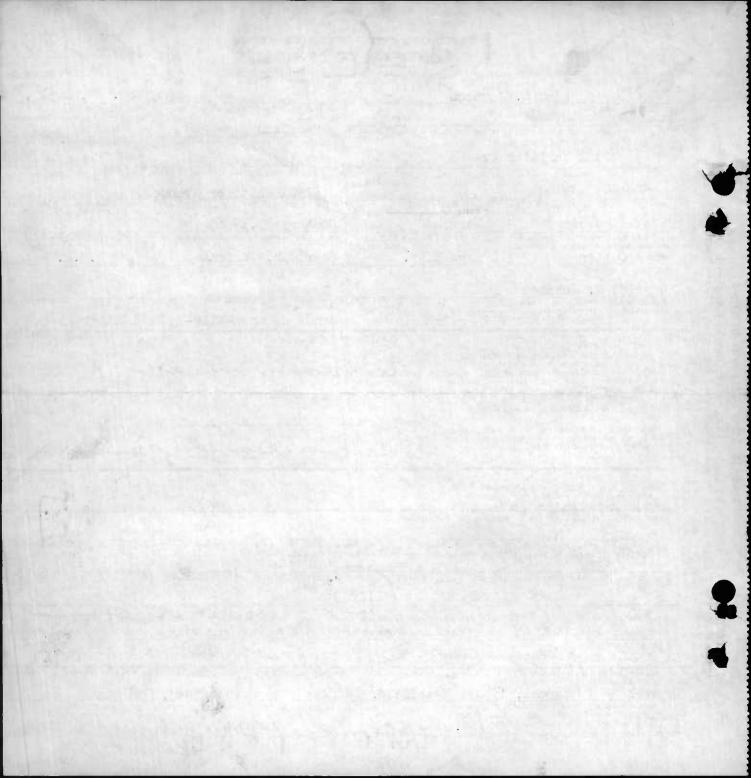
12. CITIZEN OF

U.S.A.

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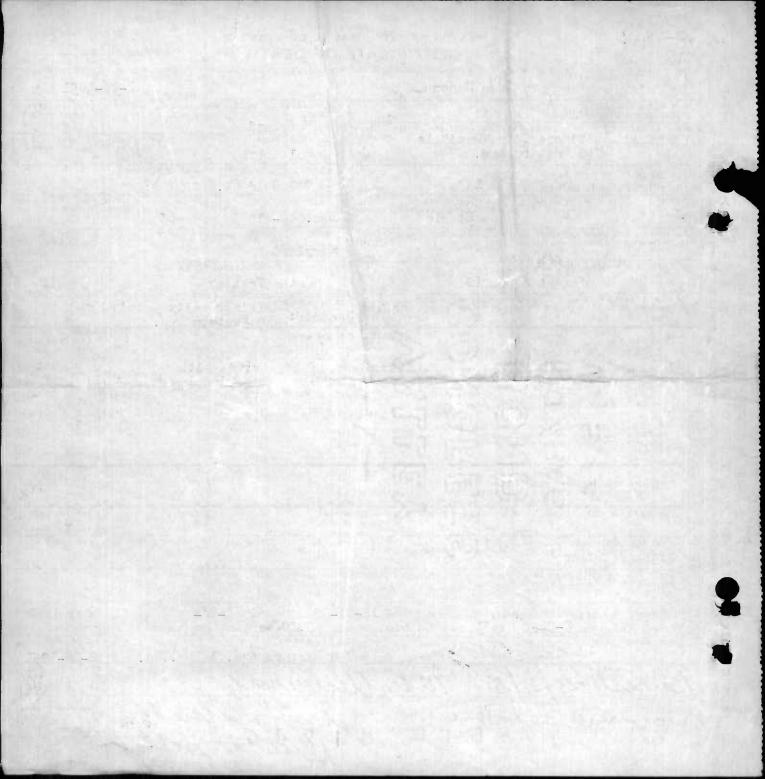
WHAT COUNTRY?

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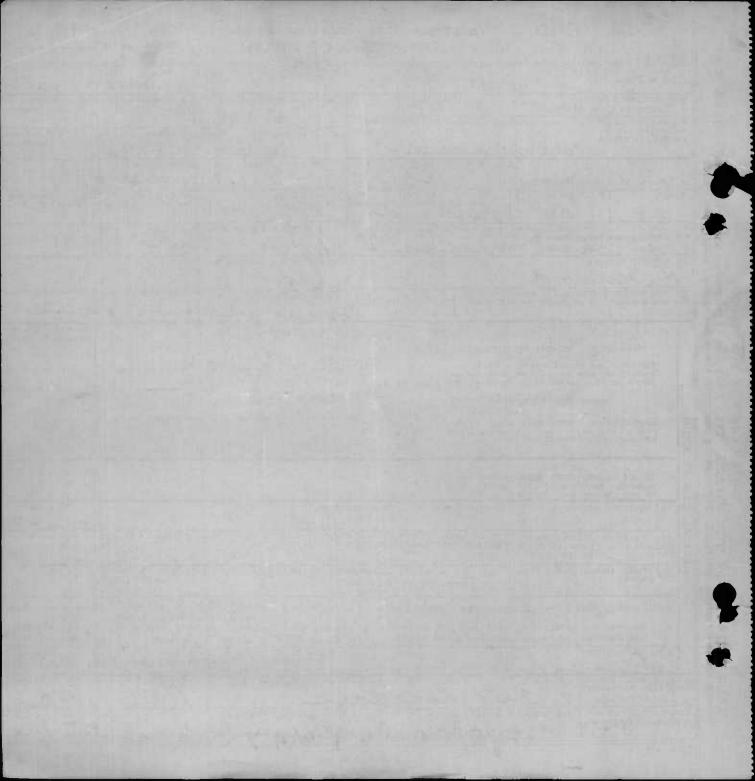


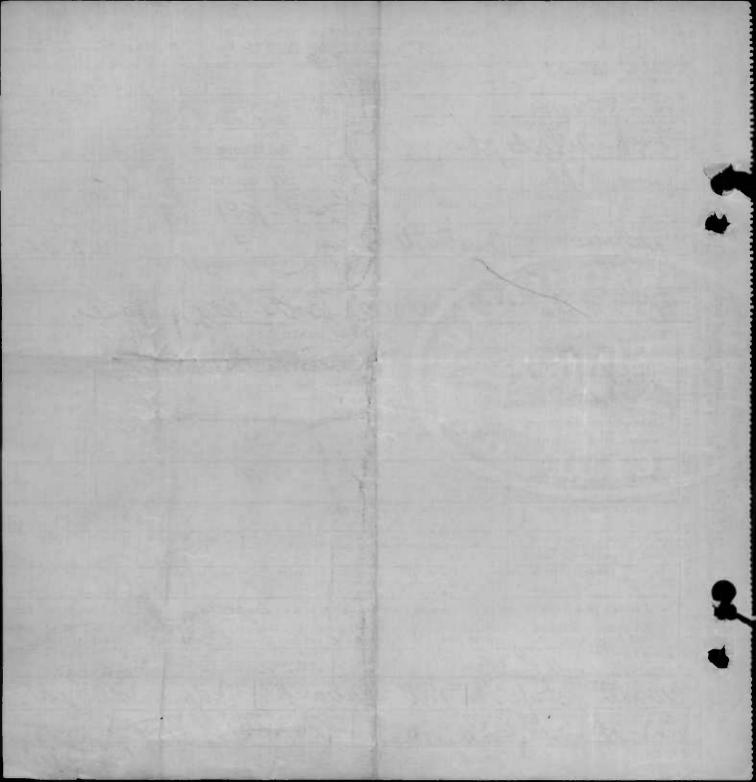
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| M- | A | 8-144115 | | BAI | TIMORE CITY HI | EALTH DEPARTMENT | 54 | 1950 |
| The | Bi | 51 No. 19 | 0.50 | | CERTIFICAT | E OF DEATH | Registered No. | 1.000 |
| | 1. (T | NAME OF D | ECEASED | Edna Ma | ason | | 2. DATE OF DEATH 2-26 | -1951 |
| fully supplied. y. | | PLACE OF D | EATH: City, Maryland | | | 4. USUAL RESIDENCE (W | | titution: residence before admission) |
| dns | В. | FULL NAME | OF (If not in hospite | al or institut | ion, give street address or | 11 9.4 - | B. COUNTY | before admission) |
| 15 | IN | STITUTION | Baltimore Ci | ty Hosp | pitals location) | | outside corporate limite; v | vrite RURAL and give township) |
| fully. | | 2.1 | 4940 Eastern | Ave. | | Baltimore | | y township, |
| 0.00 | | | | Lii | Yrs. Mos. | D. STREET ADDRESS (If | | |
| 2 | | Length of s | tay in Baltimore | | Days Days | 707 Gold St. | | les 3 Vers 1 M Heder 24 Name |
| hid | 10 | r | N | WIDOW | PED DIVORCED (Specify) | Dec. 24- 1885 | 9. AGE (In years filled last birthday) Month | of ! Year If Under 24 Hours as Days Hours Min. |
| sh | | A. USUAL OC | CUPATION (Give kind of if working life, even if retired) | 10B. KINE | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | reign country) 12 | CITIZEN OF |
| on s | | | , and a second | | IN DOSTINI | Maryland | | WHAT COUNTRIE |
| ati | 13 | . FATHER'S | | - | | 14. MOTHER'S MAIDEN NA | | |
| NG rm dea | Joseph | | | son (D | | Martha Fossic | k | (D |
| BINDING of information sho uses of death clearl | 15 (Yes | . WAS DECEASE , no or unknown) | D EVER IN U. S. ARMED (If yes, give war or dates | FORCES? of service) | 16. SOCIAL SECURITY NO. | 17. INFORMABaltimor Records: 4940 East | e City Hospita | RESS |
| | | 18. / つ | / Y | | | OF DEATH | ern ave. | INTERVAL BETWEEN |
| | | DISEAS | E OR CONDITION | | | | | ONSET AND DEATH |
| 年 2年 | | (This does not mean the mode of dying, e.g., (A) Carcinoma of the Cervix with | | | | 5 Months | | |
| RESERVED FINK. Every please write the | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO matastases to Regional Lymphnodes | | | | | | | S |
| 2 | | ANTECEDENT CAUSES | | | | | | |
| ESE INK. | Z | Bilateral Hydro Ureter | | | | | 5 Months | |
| Bilateral Hydro Ureter O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | | | | | | | |
| N S S S S S S S S S S S S S S S S S S S | CA | UNDERLY | ING CONDITION LA | 51. | (C) | | *************************************** | |
| RG] | L | | | | | | | |
| MARGIN F UNFADING Physicians: p | ERTI | | IGNIFICANT CONDI | | | | | |
| T AP | Ü | TO THE D | SEASE OR CONDITION | CAUSING I | т | | | <u> </u> |
| H | DICAL | 19A. DATE O | F OPERATION 1 | 98. MAJOR | FINDINGS OF OPER | RATION | | 2C. AUTOPSY? |
| WITH rtant. | | 21a. ACCID | ENT WAS UNDER- | 218. PL/ | ACE OF INJURY (e. g., i | n or 21c. WHERE DID (1 | f in Baltimore City, give | YES NO E exact location) |
| LY, WITH | Ш | LYING OF | R CONTRIBUTING . | about home, | farm, factory, street, office bldg., | etc.) INJURY OCCUR? | | |
| LY, impo | Σ | 21D. TIME (| | (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID INJURY | OCCUR? | |
| E. | | OF INJURY | | | WHILE AT NOT WHILE | | | |
| c Iz | | 22 I haveh | a contife that I att | m. | deceased from 12- | 11 10 50 +0 2 | 26-, 1951, | that I last and the |
| ITE s especi | | deceased al | ive on 2-26- | 19 51 | and that death occur | rred at 5.20PMn., from t | he causes and on the | date stated above |
| TI | | 23A. SIGNAT | | 1 | | 23B. ADDRESS | | 23c. DATE SIGNED |
| 6 | | | 7.4. 0 | 100 | 9002 M.D. 4 | 940 Eastern Ave. | | 2-28-1951 |
| PLEASE correct age | TV | PREMOVAL (S | 3/2/ | 519 | MO. | COMMATORY 24D. L | OCATION (City, town, or | county) (State) |
| PLE. | D | ATE RECEIVE | D BY REGISTRAR' | SSIGNATU | IRE ALLA MAR | 25 FUNERAL DIRECTOR | Pop 1 ^ | DORESS - |
| | 1 | MAR 1 - 1' | 15) Flushing | 9:5 | 0 0 0 | 2 Order | 11.80.0 | 187 |
| - | | 10 100 | | 3.77 | | pluced | Hee u | 48a |
| | | | | | | and the same of th | | 1 |



| BI | SO 51 1915 | | | E OF DEATH | Register | 51 1915 ed No. |
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| 1. (T | NAME OF DECEASED 'ype or Print) | LBERT | A BLUM | | 2. DATE OF Fe | bruary 27, 1951 |
| Α. | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF 'f not in hospi | tal or instituti | on, give street address or | A. STATE | E (Where deceased live B. COUNTY | d. If institution : residence |
| H | OSPITAL OR ISTITUTION Johns Hop | | location) | | | limits, write RURAL and give township |
| _ | Length of stay in Baltimore | | Refe Mos. Days | 2010 1 | (If rural, give location Fairmount A | , |
| | SEX 6.COLOR OR RACE Male White | WIDOW | . MARRIED. ED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In year | |
| 10 orl | A. USUAL OCCUPATION (Give kind of a done during most of working life, even in tired) | Law | of BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State | e or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| 13 | Romand | | | 14. MOTHER'S MAIDE | EN NAME | |
| 15 (Yes | 5. WAS DECEASED EVER IN U. S. ARME 4. no or unknown) (If yes, give war or date | D FORCES? | 16. SOCIAL SECURITY NO. | 17/INFORMANT | lum - | ADDRESS |
| | (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which | of dying, e. g ans the disease caused death. | e, (A) | mary artery sc | lerosis | |
| CATION | ANTECEDENT CAU: DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L. | IF ANY, GIVING | (B) G E DUE TD (C) | | | |
| ERTIFICATI | DISEASES OR CONDITIONS, RISE TO THE ABDVE CAUSE (A) UNDERLYING CONDITION L. OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION | IF ANY, GIVING STATING THE AST. ITIONS CON NOT RELATED COURS TO THE AST. | G E DUE TD (C) | | | |
| ERTIFICATI | DISEASES OR CONDITIONS, RISE TO THE ABDVE CAUSE (A) UNDERLYING CONDITION L. OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION | IF ANY, GIVING STATING THE AST. ITIONS CON NOT RELATED COURS TO THE AST. | G | | | 20. AUTOPSY? |
| DICAL CERTIFICATI | DISEASES OR CONDITIONS, RISE TO THE ABDVE CAUSE (A) UNDERLYING CONDITION L. OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION | IT ANY, GIVINAST. ITIONS CDN NOT RELATE! N CAUSING IT | G E DUE TD (C) | RATION | (If in Baltimore Ci | |
| RTIFICATI | DISEASES OR CONDITIONS, RISE TO THE ABDVE CAUSE (A) UNDERLYING CONDITION L. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB | IT ANY, GIVIN. STATING TH AST. ITIONS CDN NOT RELATE! N CAUSING IT 19B. MAJOR 21B. PLA about home, fa | G (C) (C) FINDINGS OF OPER CE OF INJURY (6. g., i | RATION in or 21c. WHERE DID inJURY OCCUR? ED 21f. HOW DID IN | | YES NO X |
| EDICAL CERTIFICATI | DISEASES OR CONDITIONS, RISE TO THE ABDVE CAUSE (A) UNDERLYING CONDITION L. OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year | ITIONS CDN NOT RELATE! N CAUSING IT 19B. MAJOR 21B. PLA about home, fa (Hour) 2 w rge of the n said Auton | G CC OF INJURY (c. g., in the second of the | RATION in or 21c. WHERE DID 1NJURY OCCUR? ED 21f. HOW DID IN above, held an Insp. Autological Inquiry, find that satisfies in accident [], suit 1238. CHIEF MEDICAL INCOMPANION IN INCOM | JURY OCCUR? ection & Inquipsy, Inspection or Inquid deccased died on cide [], homicide [] | iry thereon and from the day stated above , undetermined |
| MEDICAL CERTIFICATI | DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L. OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year, OF INJURY 22. I certify that I took chan the evidence obtained by and death in my opinion 23A. SENATURE A. BURIAL, CREMA- DI, REMOVAL (Specify) WHAT CONDITIONS A. BURIAL, CREMA- DI, REMOVAL (SPECIFY) CONDITIONS CONDITIONS A. BURIAL, CREMA- DI, REMOVAL (SPECIFY) CONDITIONS CONDINATIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIO | ITIONS CDN NOT RELATE! N CAUSING IT 19B. MAJOR 21B. PLA about home, fa (Hour) 2 w rge of the n said Auton | GE DUE TD (C) FINDINGS OF OPER CE OF INJURY (e.g., i arm, factory, street, office bldg., office b | RATION 21c. WHERE DID INJURY OCCUR? 21f. HOW DID IN above, held an Inspand Automotive Inquiry, find that sates Accident Assistant medical Medical Invest | JURY OCCUR? ection & Inqu ppsy, Inspection or Inqu id deccased died on cide, homicide CAL EXAMINER | iry thereon and from the day stated above undetermined |



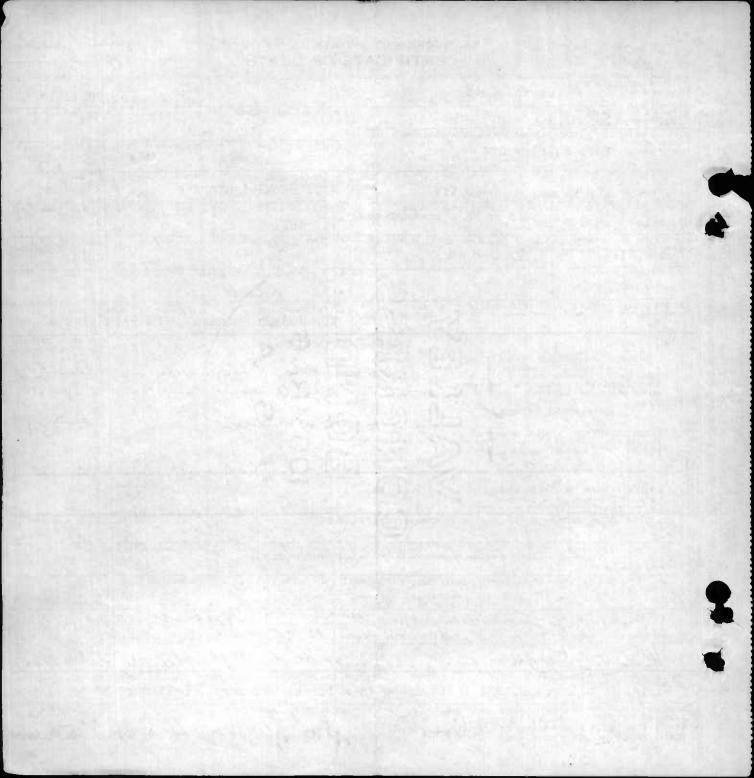


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|-----------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|
| | fully | oly. | |
| NDING | information short se | s of death clear! Ind le | |
| MARGIN RESERVED FOR BINDING | INK. Every item of | please write the causes | |
| MARGIN | UNFADING | Physicians: | |
| | LY, WITH | mportant. | |
| 4 | PLEASE WRITE. 'LY, WITH UNFADING INK. Every item of information short' so, fully supplied | correct ag s especial mportant. Physicians: please write the causes of death clearly nd le ly. | |

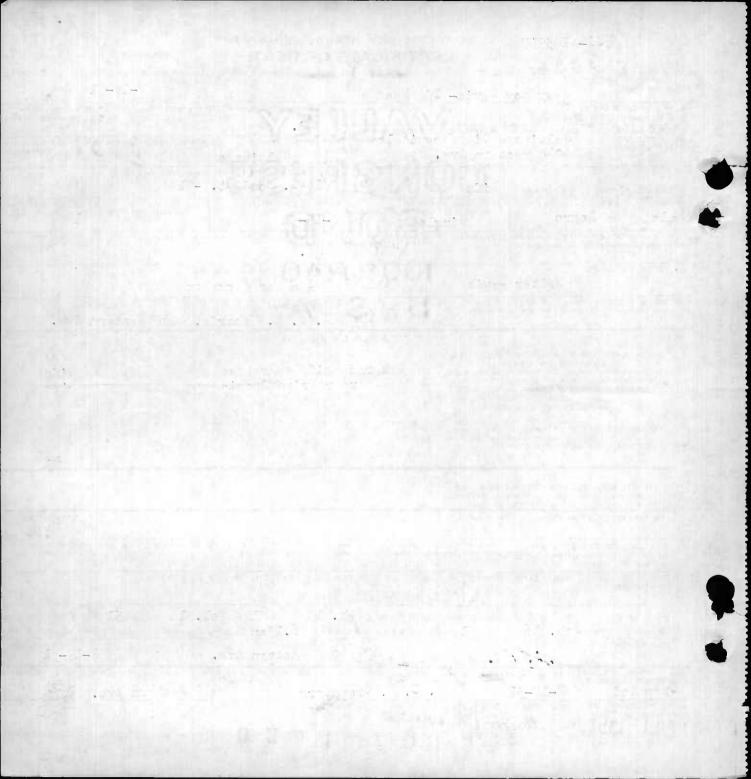
| BALTIMORE | CITY | HEA | LTH | DEPARTMENT |
|-----------|------|-----|-----|------------|
| CERTI | FICA | TE | OF | DEATH |

51. 1.952 Registered No.

| BIRTH NO. | TIE OF BEATTI | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1. NAME OF DECEASED (Type or Print) Sarah Book | 2. DATE OF DEATH Feb 28, 1951 | | |
| S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street addr. HOSPITAL OR INSTITUTION 2476 Shirley Ave | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission before admission c. CITY OR TOWN (If outside corporate limits, write RURAL and g. | | |
| 10 | Baltimore township D. STREET ADDRESS (If rural, give location) | | |
| | los. 4231 ParkHeights Ave 8. DATE OF BIRTH 9. AGE (In years) Il Under I Year Il Under 24 Hours | | |
| Female White WIDOWED DIVORCED (S | 1871 last birthday) Months Days Hours Min. | | |
| 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS O Workdooeduring mortal workiog life, eveo if retired) House Wife Owb Home | | | |
| 13. FATHER'S NAME Unkown | 14. MOTHER'S MAIDEN NAME Unkown | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY N | o. Mrs Joseph Rothman 4023 PerkHeights Ave | | |
| RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | at failure 2 days. | | |
| OTHER SIGNIFICANT CONDITIONS CON- HIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | |
| 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF (| PERATION 20. AUTOPSY? | | |
| U CAUSE OF DEATH | g., io or 21C. WHERE DID (If in Baltimore City, give exact location) | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC OF INJURY m. WORK NOT WAT WORK | HILE TO THE | | |
| deceased alive on 22. 1957 and that death of | ccurred al. 10 P.m., from the causes and on the date stated above | | |
| 23 John HEE Kerlwer M. B. | 3700 Park Heaglit a 7et 291857 | | |
| TION REMOVAL (Specity) | ETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State) Adas Israel Cemetery Baltimore Md | | |
| DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR ADDRESS/126 | | |



RESERVED



| 5 | 6 | 52 | 5.4 | BALTIMORE CITY H | EALTH DEPARTMENT | 51. | 1954 |
|----------------------------|----------|---------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------|------------------------------------------------------|
| The | В | IRTH NO. | 51-04211 | CERTIFICAT | E OF DEATH | Registered No. | |
| | | NAME OF D | ECEASED | 7.0 | | 2. DATE OF | |
| lied | 3. | PLACE OF D | EATH: | Infant | Grimes 4. USUAL RESIDENCE (W | DEATH Februa | ry 22,1951 |
| ddr | Α. | Baltimore (| City, Maryland | | A. STATE | B. COUNTY | before admission) |
| fully supplied. | H | FULL NAME OSPITAL OR NSTITUTION | OF (If not in nospits | al or institution, give street address or location) | | outside corporate limits, w | write RURAL and give |
| full. | 7 | | The Johns Hop | okins Hospital | Baltimore | 5-6 | township) |
| fu graly. | 1 | o market | | Yrs. | D. STREET ADDRESS (If r | rural, give location) | |
| e l leg | | | stay in Baltimore | Mos. Days | 1433 East F | ayette Street | 31 |
| pu pu | | . SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years If Und last birthday) Month | lei I Year II Under 24 Hours Days Hours Min. |
| o cly | _ | Male | Negro | Single | 2-22-51 | | 8 30 |
| on sho | worl | k dooe during most o | of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY | | reign country) 12 | . CITIZEN OF WHAT COUNTRY? |
| tion h c | 13 | Inia 3. FATHER'S N | | | Maryland 14. MOTHER'S MAIDEN NA | NAE- | |
| information of death cl | | | | | | | |
| for d | 15 | . WAS DECEASE | eph Reed | FORCES? 16. SOCIAL | Virginia Grin | | |
| f in | (Ye | No or uoknowo) | (If you, give war or dates | security No. | | | RESS |
| em of causes | | 1B. 76 | + 6 | CAUSE | Hospital OF DEATH | Records | INTERVAL BETWEEN |
| it e | | DISEAS | SE OR CONDITION | DIRECTLY | 1 | | ONSET AND DEATH |
| > _ | | (This does | LEADING TO DEAT not mean the mode of ire, asthenia, etc. It mean | f dying, e.g., (A) | unature labor | | |
| Ever | | injury or | complication which ea | eaused death.) DUE TO | | | Pry sure and |
| P | | | ANTECEDENT CAUS | ES Pag | 1.01 | | |
| INK. please | HOL | DISEASES | S OR CONDITIONS, IF | F ANY, GIVING | majure kar | <u> </u> | |
| D d | 4 | UNDERLY | HE ABOVE CAUSE (A) | STATING THE DUE TO | | | |
| ADING icians: | FIC | | | (C) | | ••••••••••••••••••••••••••••••••••••••• | |
| UNFADING Physicians: | RTI | OTHER S | II SIGNIFICANT CONDIT | TIONS CON- | | 6 | |
| NA Shy | CEF | TRIBUTING | TO THE DEATH, BUT | NOT RELATED | ch presenta | teon | |
| H | L | | | 98. MAJOR FINDINGS OF OPER | ATION | | 20 AUTOPSY7 |
| WITH rtant. | CA | | | 1 00- 50 05- 50 05- 60 | | | YES NO |
| | EDIC | LYING OF | ENT WAS UNDER- | 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e | o or 21c, WHERE DID (If otc.) INJURY OCCUR? | f in Baltimore City, give | exact location) |
| LY, | Σ | CAUSE OF | DEATH (Month) (Day) (Year) | (Hour) 21E. INJURY OCCURR | ED 21F. HOW DID INJURY | 0001103 | |
| Ž. | | OF INJURY | Monen (Day) (Lear) | WHILE AT NOT WHILE | | OCCURT | |
| cial | | 00 7 1 1 | | m. WORK AT WORK | | | |
| TE L | | deceased al | y certify that I atte | ended the deceased from 2= | 22 , 1951, to | 2-22 , 19 51 t | hat I last saw the |
| IT e | | 235 SIGNAT | | _, 19_51, and that death occur | Trea at 9:15 Pm. , from th | | date stated above. |
| se. | | Geor | | Olver Jr. M. D. 1 | The Johns Hopking | | 2-26-51 |
| PLEASE correct age | 710 | 4A. BURIAL, C ON, REMOVAL (S | CRAMA- 24B. DATE | 24c. NAME OF CEMETE | RY OR CREMATORY 240. LO | OCATION (City, town, or | county) (State) |
| PLE | | ATE RECEIVE | | S SIGNATURE | 25. FUNERAL DIRECTOR | AI | DDRESS |

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who says far and the Water L. A STATE OF THE STA

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| U | منسا | | J.C | 20 | .) |
| F | BIRTI | H N | 0. | | |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

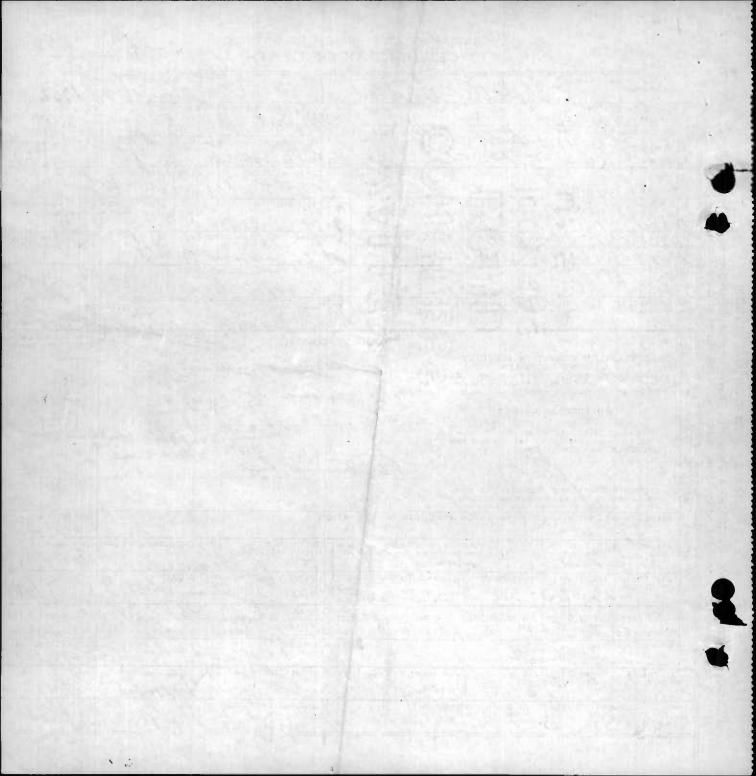
| | 51 | 1955 |
|------------|-----|-------|
| Registered | No. | 1.000 |

| 1. (T | NAME OF D | PECEASED ANNA | F. SOU | KUP-STUPKA | | of Febr | uary 26, 1951 |
|----------|-------------------|----------------------------------------------------------|--------------------|----------------------------------------|------------------------------------------|------------------------|-----------------------------------------|
| 3. | PLACE OF D | EATH: | | | 4. USUAL RESIDENCE (| | f institution : residence |
| A. B. | Baltimore (| City, Maryland 81 | 9 N. Ro | ose St. ion, give street address or | A. STATE | B. COUNTY | before admission) |
| HO | STITUTION | | | location) | | outside corporati limi | ts, write RURAL and give |
| _ ^ | A | | | | Baltim | ore | township) |
| -6 | V | | | Yrs. | o. STREET ADDRESS (If | | |
| | | | 40 | 3/ | | | |
| | | stay in Baltimore | | years Days | | Rose St. | |
| 5. | SEX | 6. COLOR OR RACE | 7. SINGL | E. MARRIED. VED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years) | onths: Days Hours: Min. |
| 10 | female | white | | widowed | April 21, 1871 | 79 | |
| work | done during most | CUPATION (Give kind of of working life, even if retired) | 108. KINE | OF BUSINESS OR | 11. BIRTHPLACE (State or fo | oreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | housewif | | at | home | Czechoslovaki | 2 | U.S. |
| 13 | . FATHER'S | NAME | 3.00 | | 14. MOTHER'S MAIDEN N | | 1 0,00 |
| | | John Va | | | Fran | ces Jelinek | |
| 15 | . WAS DECEAS | ED EVER IN U. S. ARMEI | FORCES? | 16. SOCIAL | 17. INFORMANT | | ADDRESS |
| (Ye | i, no or nnknown) | (If yes, give war or date | of service) | SECURITY NO. | Bernard Soukup, J | | |
| - | / | | | | | 1 . , SOII a. | |
| | 18. 56 | 0 X | | CAUSE | OF DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| | DISEA | SE OR CONDITION | DIRECTLY | 01 | LAA | 1 1 | |
| | (This doe | s not mean the mode | TH of dving, e. | e (A) LIGHT | 16 Fanables les | X Lea | 2 mos |
| 10 | heart fail | ure, asthenia, etc. It mes | ns the diseas | se, | | 1 | |
| | mjury or | complication which | auseu deati | A.) OUE 10 | | . (| |
| | | ANTECEDENT CAUS | SES | 41 | 1. 1 otas \ MA AM | 3 time | 91.1. |
| Z | 2105105 | o on countrious | | (B) | ad fill Vriew | 1100 | of Mars |
| TION | RISE TO | S OR CONDITIONS, I | STATING T | | | | |
| | UNDERL | YING CONDITION LA | ST. | | | | |
| 1 | | | | | | | |
| RTIFICA | Marie Date | II | | (C) | | | |
| ER | | SIGNIFICANT COND | | | | | |
| 8 | | G TO THE OEATH, BUT | | | •••••• | | *************************************** |
| | 19A. DATE | OF OPERATION 1 | 9B. MAJOR | FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| A | | | | | | | YES NO |
| 0 | 21A, ACCID | ENT. SUICIDE, | | ACE OF INJURY (e. g., i | n or 21c. WHERE DID (| If in Baltimore City, | give exact location) |
| MEDICAL | HOMICIDE | (Specify) | about home, | farm, factory, street, office bldg., s | etc.) INJURY OCCUR? | | |
| 2 | | (Month) (Day) (Year) | (Hour) | 21E. INJURY OCCURR | ED 21F. HOW DID INJUR | Y OCCUR? | |
| | OF INJURY | | | WHILE AT NOT WHILE | | | |
| - | | | m. | WORK AT WORK | | / 01 | |
| | 22. I hereb | y certify that I att | ended the | deceased from Jul | 10, 1950, to F | Cb 26, 195 | 1, that I last saw the |
| | deceased a | live on Feb > I | . 19.5 | and that death becur | rred at 9 P m., from t | | the date stated above. |
| | 23A. SIGNA | TURE | 1 | | 3B. ADDRESS | | 23c, DATE SIGNED |
| | | JOSANIA 1 | abarr | 2 h M. D. | 2200 F. Ma | idison VI | 2/28/5/ |
| 24 | A. BURIAL. | CREMA- 248 DATE | | 2 C. NAME OF CEMETE | RY OR CREMATORY 240. L | OCATION (City, town | n, or county) (State) |
| Tic | N, REMOVAL | Specify) | | A | | | |
| | Burial | Mar. 2, | | Oak Hill Ceme | | | altimore, Md. |
| | ATE RECEIVE | | SSIGNATU | JRE | 25. FUNERAL DIRECTOR Schimunek Funera | al Home Inc | ADDRESS |
| | MAP 1 - | 1951 Thurstin | iter / | aires Mil | 2601-3-5 E. Mad | ison St. | |
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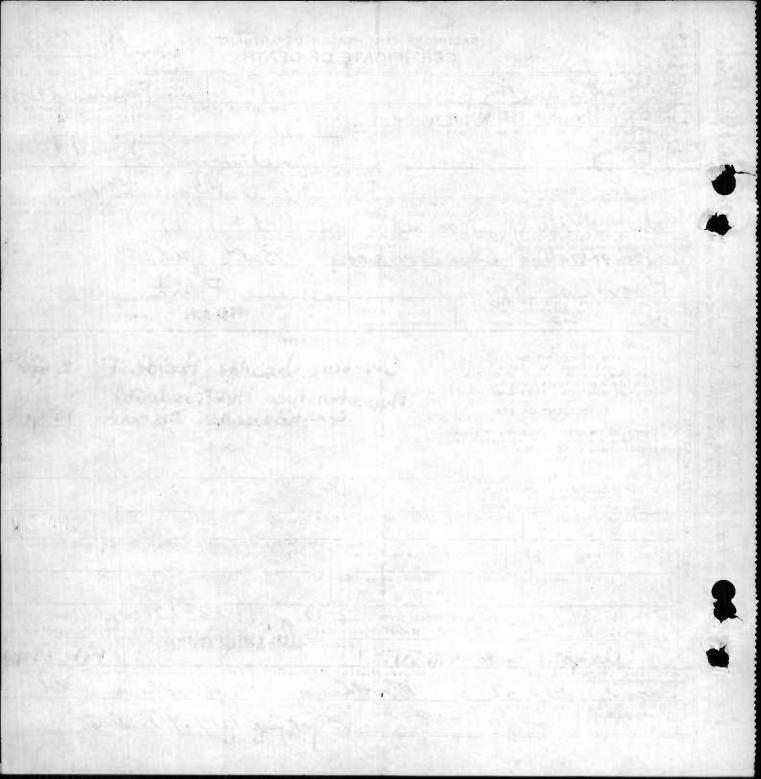
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| 5- | 100 | BALTIMO | RE CITY HEALTH DEPARTMENT | |
| he | D. | 1. 1906 CER | TIFICATE OF DEATH | Registered No. |
| d. The | 1. | NAME OF DECEASED Property | Hilley | OF Heb 27.1961 |
| supplied. | | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE | Where deceased lived, If institution : residence B. COUNTY before admission |
| | В. | FULL NAME OF (If not in hospital or institution flows | street address or // aug 1040 | |
| milly y. | | Jarford Nausing Ame | Gallino | f outside corporate limits, went RURAL and give township |
| | 6 | Length of stay in Baltimore | Mos. 515 1/1/ | Frural, give location) |
| 20 pe | - | SEX AS COLOR OF PACE 17 SINGLE MAP | RIED. 8) DATE OF BIRTH | 9. AGE (In years II Under 1 Year II Under 24 Hours |
| - | 1 | emale mu man | VORCED (Specify) July 22.181/ | last birthday) Months Days Hours Min. |
| sho | work | A. USUAL OCCUPATION (Give kind of 10B, KIND OF Bladded during most of working life, even if retired) | INDUSTRY | WHAT COUNTRY |
| ttion th cl | | EATHER'S NAME | 14. MOTHER'S MAIDEN N | |
| IDING information of death cl | 1 | Sustoful Deemon | unkn | mm/ |
| BINDING of inform ises of dez | (Ye | | ECURITY NO. INFORMANT | Pensons 75 AKOMEN GAY |
| | | 18. E900,0 | CAUSE OF DEATH | INTERVAL BETWEEN |
| FOR item | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | 14-20-7-1 | ONSE! AND DEATH |
| 27 | | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, | (A) | emme. |
| RVED Even | | | Versea CERTIFIC | CATION APPROVED BY |
| K. Se | Z | ANTECEDENT CAUSES | (B) | a de la companya de l |
| E La | VTIO | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE D UNDERLYING CONDITION LAST. | UE TO CHIEF OR | 7 Newborker |
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| TT | | deceased alive on Feb 27, 1957, and the | 23B. ADDRESS | the causes and on the date stated above 23c. DATE SIGNED |
| | | Charles G. Mac Hum | M.D. 2900 8/30lls | 55 5628,1957 |
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| The second secon | stay in Baltimore | Yrs. Mos. Days | 3606 | Plateur | One. |
| | 6. COLOR OF RAC | WIDOWED, DIVORCED (Specify) | 11. BIRTHPLACE (State or | | onths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY |
| 13. FATHER'S | MAME MANE | Own Business | 14. MOTHER'S MAIDEN | NAME . | |
| 15. WAS DECEAS (Yes, no or unknown) | SED EVER IN U. S. ARM | ED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT | 18 HOPKIRS HOSPIT | ADDRESS |
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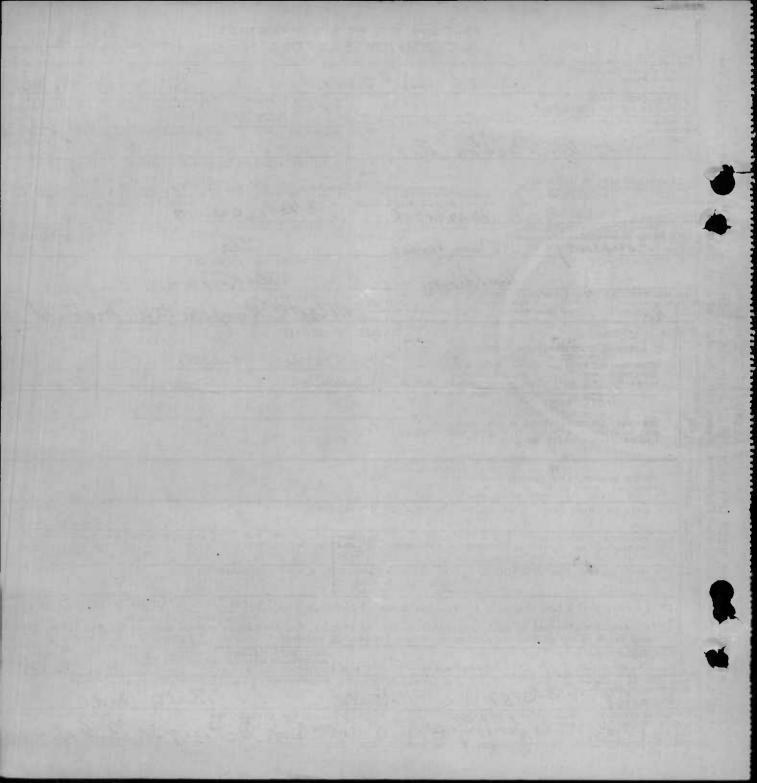
LOCAL REGISTRAR

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REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Registered No February 27, B. COUNTY before admission) (If outside corporate limits, which RURAL and give township) 9. AGE (in years | H Snder | Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. If Under 24 Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 23c. DATE SIGNED



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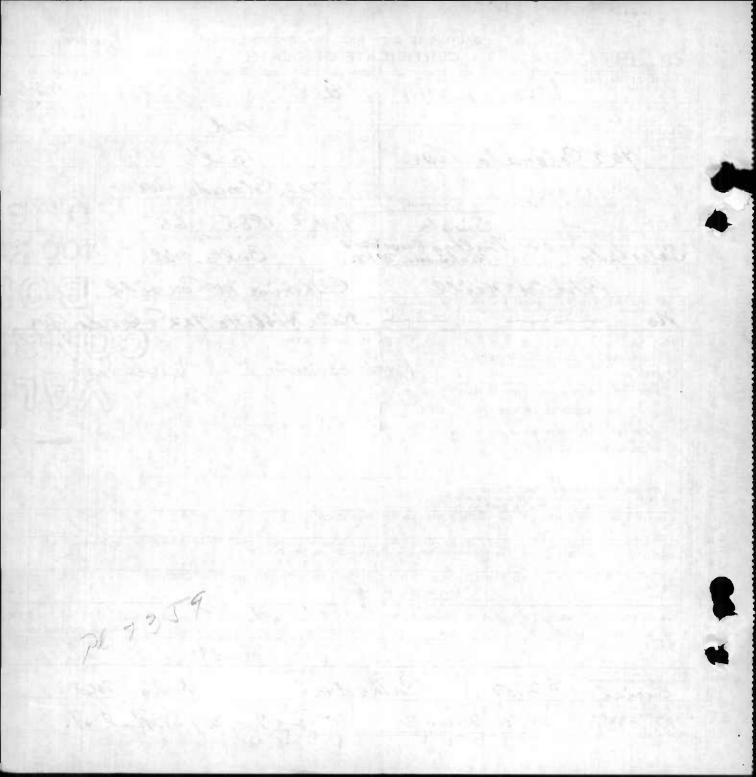
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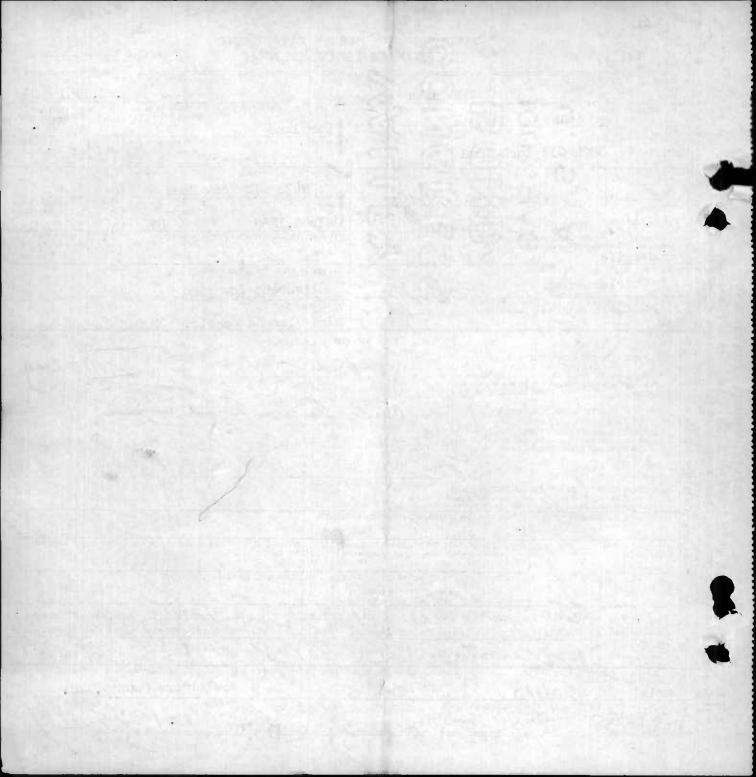


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| | 5 | 1000 CERTIFICATI | F OF DEATH Registered No. | 1950 |
| | - | RTH NO. COST | | |
| | (T) | NAME OF DECEASED (Pe or Print) SARAH ANN DOMM | 2. DATE OF DEATH Feb. 26 | 1951 |
| | | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY | |
| | HC | FULL NAME OF (If not in hospital or institution, give street address or location) | Maryland C. CITY OR TOWN (If outside corporate in its, w | RURAL and cive |
| | IN | 3424 Old York Road | Baltimore | township |
| | | Yrs. Mos. | o. STREET ADDRESS (If rural, give location) | |
| | | Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7, SINGLE, MARRIED. | 3424 Old York Road 18. DATE OF BIRTH 19. AGE (In years) If Under | or 1 Year III Under 24 Hours |
| | | WIDOWED, DIVORCED (Specify) | | |
| 9 | 10 | A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12 | CITIZEN OF |
| | work | done during most of working life, even if retired) Housewife At home | Baltimore, Md. | WHAT COUNTRY |
| | 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | | Charles Brown | Elizabeth Townsend | |
| | 15 (Yes | . WAS DECEASED EVER IN U.S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service) SECURITY NO. | | RESS |
| | , - | No Section No. | Mrs Blanche McHale, 3424 Old Y | ork Road |
| | | 18. 447 X CAUSE | OF DEATH | INTERVAL BETWEEN |
| | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | liac Jailure | 10 1001 |
| | | (This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease, | | 10 does. |
| | | injury or complication which caused death.) OUE TO | . Vascular Rench Direce | |
| | z | ANTECEDENT CAUSES | - Vascular Alnex Ourcose | |
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| | 빙 | TRIBUTING TO THE DEATH, BUT NOT RELITED TO THE DISEASE OR CONDITION CAUSING IT. | | |
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| TO T | ш | HOMICIDE (Specify) shout home, farm, factory, street, office bldg., | etc.) INJURY OCCUR? | |
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| Tes | | deecased alive on 1/26/8/, 19 and that death occur | rred at 11 Cm., from the causes and on the | |
| | | Thomas C, Wester M.D. | 23B. ADDRESS St. Pull ft 12 | 23c. DATE SIGNED |
| 28 | 24 | AA. BURIAL, CREMA- 248. DATE 240. NAME OF CEMETE | | |
| 1 | | Burial 3/2/51 Oak Lawn | Baltimore County | |
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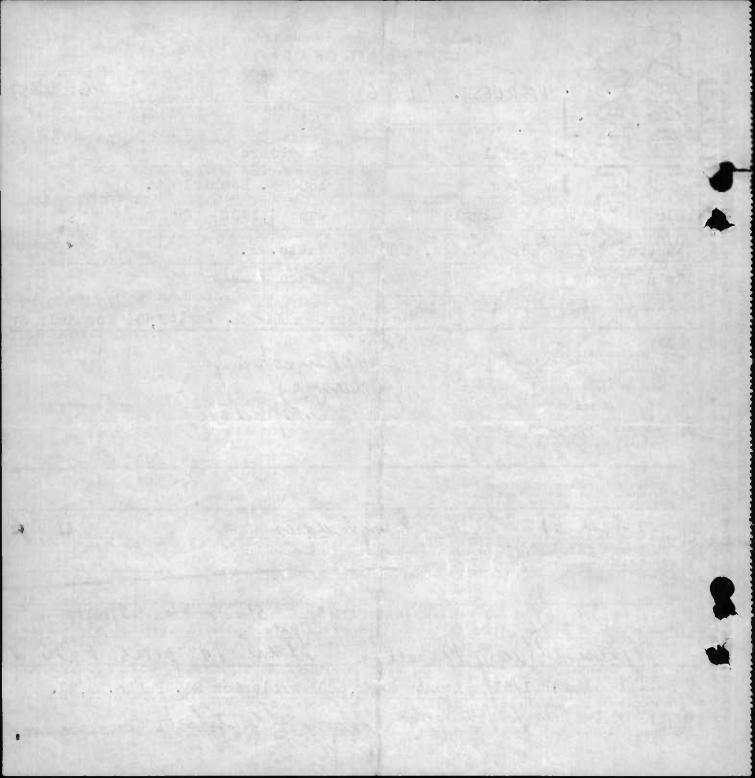
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| supplied | Α. | PLACE OF DEATH: Baltimore City, Maryland | 4. USUAL RESIDENCE (Where deceased lived, If in | stitution: residence before admission) |
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| estelly | c., | Yrs. Mos. Days | D. STREET ADDRESS (If rup), give location) | re St |
| and l | | SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify W. A. Our Ed | 18. DATE OF BIRTH 9. AGE (In years 11 Um | der I Year hs: Days II Under 24 Hours Hours Min. |
| on sho | | A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY | | 2. CITIZEN OF WHAT COUNTRY? |
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| f infor | 15 (Yes | . WAS DECHASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. | THE INFORMAT HOLES MUTLING AVAILABLE | RESS |
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) CHARLESH. RING DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate lim ts write RURAI and give INSTITUTION Sinai Hospital Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos 1304 W. Lombard St. c. Length of stay in Baltimore Life Days 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH If Under 1 Year 9. AGE (in years) lastorirthday) Months Days Hours Min. SWIDOWED DIVORCED (Specify) June 6.1902 White 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired Construction orker Balto. City Bustry WHAT COUNTRY? Balto.Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Smardon Edwin Ring 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Mrs. Sallie E. Varley 504 Normandy INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION. 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (c. k., in or WHERE DID (If in Baltimore City, give exact location 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 19.2 I that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 2-26 . 1957. and that death occurred at 1,457 m., from the causes and on the date stated above. 23B. ADDRE 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY Loudon Park. 3801 Frederick Rd. Balto. 29, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS miticalor / Mans, Ma Idmondson VS 150



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BALTIMORE CITY HEALTH DEPARTMENT

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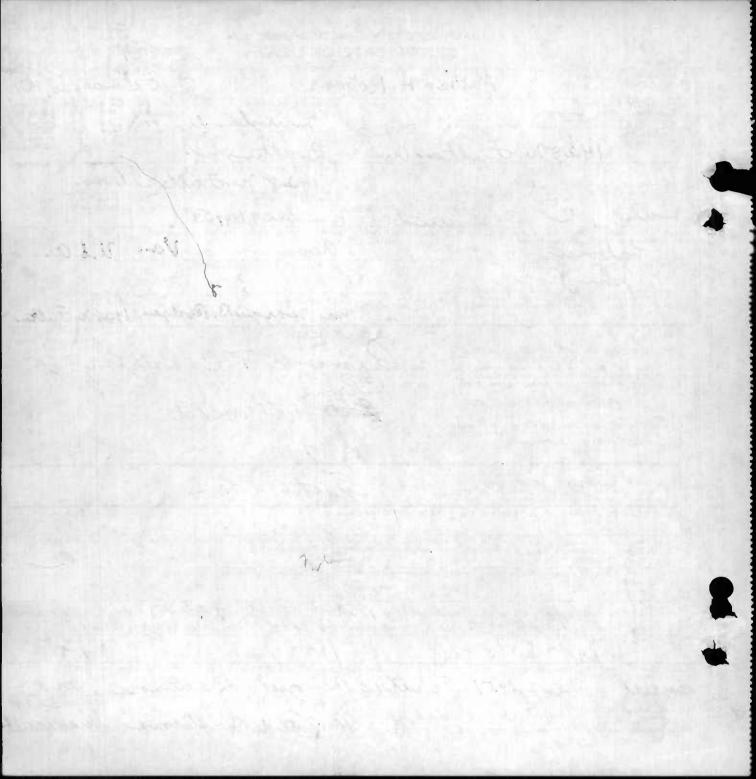
| he | BIRTH NO. CERTIFICATE OF DEATH Register | ed No |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| d. T | 1. NAME OF DECEASED (Type or Print) Jannie Wylie. 2. DATE OF DEATH OF DEA | b. 27, 1951. |
| supplied | 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased live as STATE) B. COUNT | |
| ully suj | B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION L31. W. Fulton Cv. 13 alturnov | lights, write RURAF and give township) |
| 6 | Yrs. O. STREET ADDRESS (If rural, give location | |
| 0.77 | c. Length of stay in Baltimore | |
| Tour. | Termale (WIDOWED, DIVORCED (Specify) Sept. 27, 1884 66 irthday | Months Days Hours Min. |
| on sh | 10A. USUAL OCCUPATION (Give kind of working life, even if retired) Thousand Industry 10B. KIND OF BUSINESS OR INDUSTRY Chester / S. C. | 12. CITIZEN OF WHAT COUNTRY? |
| information s of death cle | 13. FATHER'S NAME LONGE EVANS. 14. MOTHER'S MAIDEN NAME Maria Johnson | |
| of info | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO. 18. Lula Jant. 533 | n. Cary St |
| | 18. 593X CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
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| RITE | deceased alive on 1, 191 and that death occurred at 2 m., from the causes and a 23A. SIGNATURE | on the date stated above. |
| SE t ag | 24A. BURIAL, CREMA- 24B DATE 24G NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, to Tion, REMOVAL (Specify) | town, or county) (State) |
| PLEAS | DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR | ADDRESS 3221 |
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| supplied | A. | . PLACE OF DEATH: . Baltimore City, Maryland | 4. USUAL RESIDENCE (W | here deceased lived. If institution: residence B. COUNTY before admission) |
| ully su y. | H | FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 1428N. Fulton Que | c. CITY OR TOWN (If | outside corporate limite, write RURAL and give township) |
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| d be | | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | B. DATE OF BIRTH | 9. AGE (In years ff Under Year ff Under 24 Hours Months Days Hours Min. |
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| rE) | | deceased alive on 2-24. 1951. and that death occur | red at \$30lm., from th | ne causes and on the date stated above. |
| RI | | 23A. SIGNATURE MM R BOY Kin M.D. 2 | 1133 N. Mu | 33c. DATE SIGNED |
| 4SE ct ag | TI | 4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify) Mula 2. 1951 Andrea Teles | Memorial 3 | OCATION (City, town, or county) (State) |
| PLEASE correct a | DL | ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR | 25. FUNERAL DIRECTOR | ADDRESS 322N |
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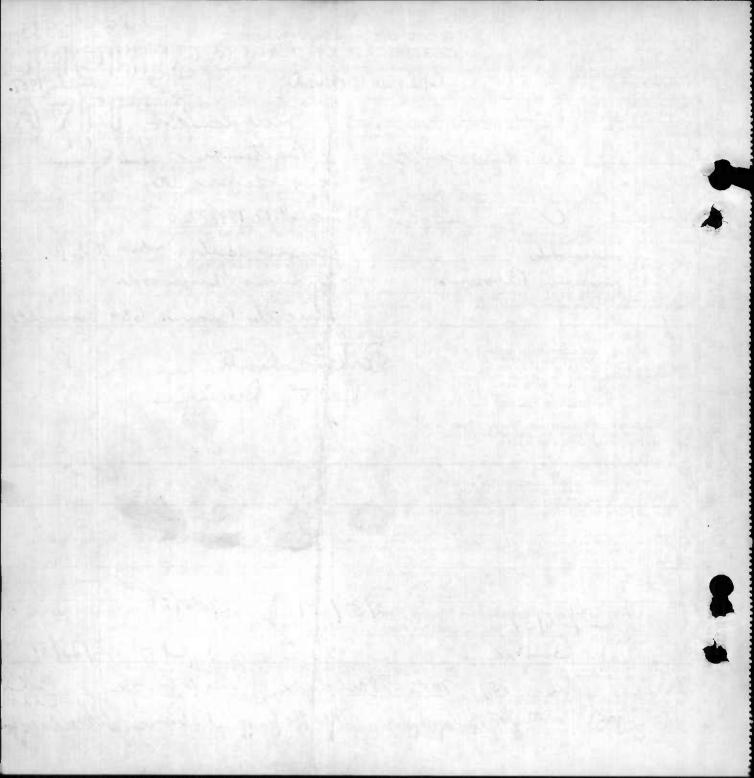
LY, WITH important.

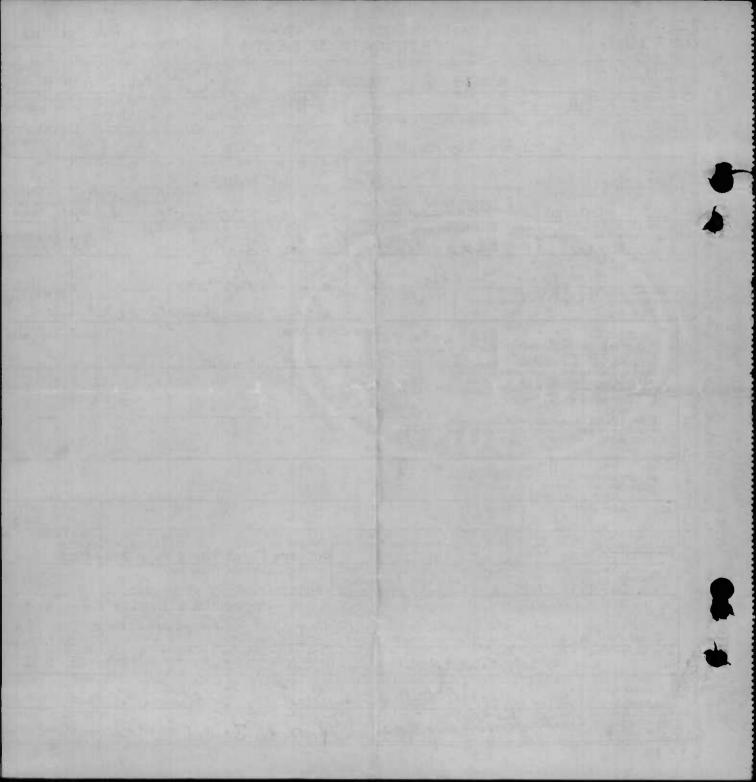
PLEASE ;

1.965

| BIRTH NO. | CERTIFICAT | E OF DEATH | Registered No. | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------|-----------------------------------|------------------------------------------|
| 1. NAME OF DECEASED (Type or Print) | Clara B | rown. | OF Jelney | ary 26,190%. |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland | | 4. USUAL RESIDENCE | | titution: residence before admission) |
| B. FULL NAME OF (If not in hospital or institution) (If not in hospital or institution) | location) | Baltin | If outside corporate limits, w | vrite EURAL and give township |
| c. Length of stay in Baltimore | Yrs. Mos. Days | 1 0 - 11 | f rural, give location) | |
| the wido | E. MARRIED. WED, DIVORCED (Specify) | march 1, 189 | last birthday) Month | et l Year If Under 24 Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if zetired) | D OF BUSINESS OR INDUSTRY | Inow Ide | foreign country) 12 Ll, Ind., 2 | CITIZEN OF |
| 13. FATHER'S NAME | m, | Traves J | Laywood. | |
| (15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Lucille B | mm. 689 | George St. |
| DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e, heart failure, asthenia, etc. It means the disease injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. | g., (A) | lens lente Jent Pro | in | ONSET AND DEATH |
| OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DESTAND TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING | rED | | | |
| 19A. DATE OF OPERATION 19B. MAJO | R FINDINGS OF OPER | RATION | | 20. AUTOPSY? |
| | ACE OF INJURY (e. g., i | | (If in Baltimore City, give | YES NO Exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURR WHILE AT WORK AT WORK | | Y OCCUR? | |
| 22. I hereby certify that I attended the deceased alive on 19 | e deceased from \$\square\$ 5. | rred at 300 m. from | | hat I last saw the date stated above |
| 23A. SIGNATURE Come | м. о. | 1536. ADDRESS GLA | oct 1 | 2 2 SO SIGNED |
| 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) | mt. Au | burn 640. | Baltimore | county) (State) |
| DATE RECEIVED BY REGISTRAR'S SIGNAT | | 25. FUNERAL DIRECTOR | | DDRESS 3221 |

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MAR REGISTS VS 150

DATE RECEIVED BY

ADDRESS

25. FUNERAL DIRECTOR

23c. DATE SIGNED

before admission)

township)

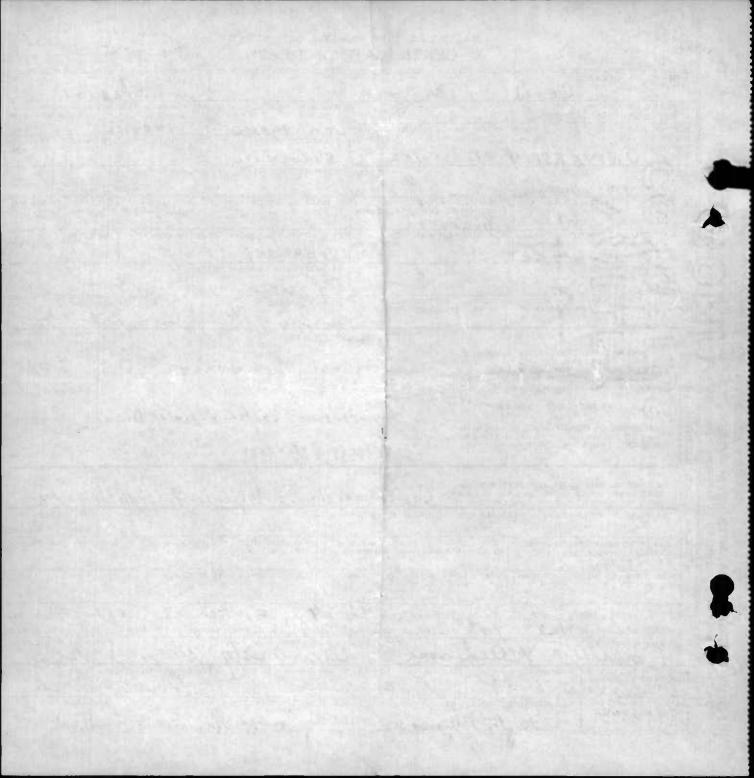
If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

12. CITIZEN OF

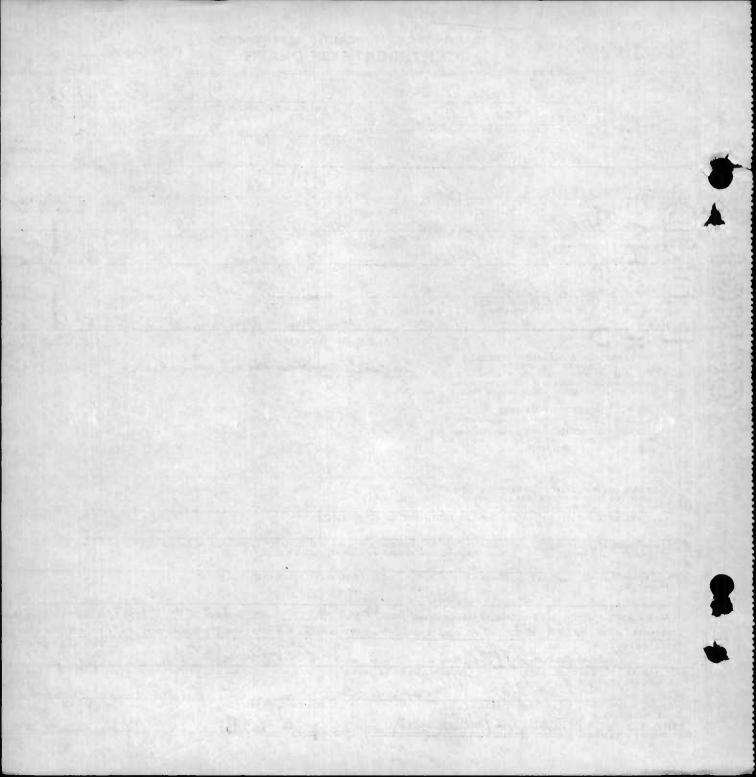


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| (| LEASE WITE F | orrect age specially important. Physic |
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

| | 51. | 1969 |
|------------|-----|------|
| Registered | No | |

| BI | RTH NO. | | | |
|-------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. (T | NAME OF DECEASED July pe or Print) | brence J. Cook | 2. DAT OF DEA | Teal 20-10-1 |
| 3. A. | PLACE OF DEATH: Baltimore City, Maryland | 4700 Harford ave. | 4. USUAL RESIDENCE (Where dece | eased lived. If institution; residence COUNTY before admission) |
| В. | FULL NAME OF (If not in hosp | ital or institution, give street address or | Maryland | Baltimore Cetes |
| | SPITAL OR STITUTION // ** | location | C. CITY OR TOWN (If outside co | orporate limits, write RURAL and give |
| 17 | 4700 | Harford ave | Balti. | L 17-0 township) |
| -10 | | Yrs. | D. STREET ADDRESS (If rural, giv | e ocation |
| | | P' Mos. | 011001001 | Street |
| - | Length of stay in Baltimore | Tiff Days | | |
| 5. | SEX 6. COLOR OR RAC | 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 9. AGE | (in years If Under 1 Year If Under 24 Hours birthday) Months; Days Hours Min. |
| - | Hemale Wrasti | Divorced. | July - 15- 1871 79 | |
| | A. USUAL OCCUPATION (Give kind | of 108. KIND OF BUSINESS OR | 11. ERTHPLACE (State or foreign cou | |
| work | done during most of working life, even if retire | d) INDUSTRY | he o | . WHAT COUNTRY? |
| | none | / none | 1 aryand | U. B. Q. |
| 13 | . FATHER'S NAME | ^ | 14. MOTHER'S MAIDEN NAME | |
| | William a. Co | ok | Mary P. Juttle | |
| (Ye | . WAS DECEASED EVER IN U. S. ARM a, no or unknown) (If yee, give war or de | ED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS |
| | Hones no | none | Mrs. mo. Ul. Monognith | 1 - 2.0.26 x St. Ceter |
| | 18. 702.4 | CAUSE | OF DEATH | INTERVAL BETWEEN |
| | DISEASE OR CONDITION | I DIRECTI Y | 7 | 0 |
| | LEADING TO DE | ATH Ment | myocardial tra | ilure 24 ms. |
| М | (This does not mean the mode heart failure, asthenia, etc. It m | | | |
| | injury or complication which | caused death.) DUE TO | | |
| | ANTECEDENT CA | ICEC | | |
| 7 | ANTECEDENT CA | (B) | | |
| 0 | DISEASES OR CONDITIONS | IF ANY, GIVING | | ***** |
| F | RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION | A) STATING THE DUE TO | | |
| C | | | | |
| RTIFICATION | | (C) | | |
| E | OTHER SIGNIFICANT CON | DITIONS CON | | |
| E | TRIBUTING TO THE DEATH, BL | | | |
| U | TO THE DISEASE OR CONDITION | | | L SO ALITOPEYA |
| 7 | 19A, DATE OF OPERATION | 198. MAJOR FINDINGS OF OPER | RATION | 20. AUTOPSY? |
| A | | | | YES NO L |
| EDICAL | 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg., | | timore City, give exact location) |
| | | | | |
| Σ | 21D. TIME (Month) (Day) (Yes | r) (Hour) 21E. INJURY OCCURR | ED 21F. HOW DID INJURY OCCUP | २१ |
| | OF INJURY | WHILE AT NOT WHILE | | |
| | | ni. WORK AT WORK | | |
| | 22. I hereby certify, that I a | tterettett the telection from | v. 9 , 1950, to teb. 28 | , 1957, that I last saw the |
| | deceased alive on . 3 | 5 1951 and that death occu | rred at/2:45 m., from the caus | cs and on the date stated above. |
| | 23A. SIGNATURE | | 23B. ADDRESS, | 23c. DATE SIGNED |
| - | Henry C | Ttchey. M.D. | 2504 Strand St | . 12/28/51. |
| 2 | 4A. BURIAL, CREMA- 248. DATE | | ERY OR CREMATORY 240. LOCATIO | N (City, town, or county) (State) |
| TI | AA. BURIAL, CREMA- 248. DATE | 2/21 1/29 / 0 | 000 000 |) |
| - | Burial Mary | 451 Soudon J | and lines. Walten | ou, manufand |
| | ATE RECEIVED BY REGISTRA | R'S SIGNATURE | 25. FUNERAL DIRECTOR | ADORESS |
| | MAD 1 - 10 F 1 Thinks | ton Williams Mon | Lewin of VIME | 108 11. Harthy Um |
| | MAK 1 55 1 | | A TOTAL OF THE STATE OF | a de la company |
| | VS 150 24 5 | | | 11:t1 #1 Gas |



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. Registered No. 1.968

| H | 1. | . NAME OF DECEASED // | | 2. DATE |
|------------------------------|----------|--------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
| ed. | | Type or Print) HERIMAN SC | HOEN | OF Z-28-51 |
| ilde | 3. A. | . PLACE OF DEATH: Baltimore City, Maryland / 70/ 10 Ellemont | 4. USUAL RESIDENCE (Wh | nere deceased lived. If institution: residence B. COUNTY before admission |
| sal | 13. | FULL NAME OF (If not in hospital or institution, give street address or | 2 Miles | 1-09 |
| IIIy | IN | NSTITUTION TO bloth House | c. CITA OR TOWN (If or | utside corporate limks, funte RULAL and give township |
| | 1 | Yrs. | 10000 | aral, give location |
| 2 | c. | . Length of stay in Baltimore 48 Mos. | 3912 /Jonn | er loan |
| A Pe | 5. | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | B. DATE OF BIRTH | 9. AGE (In years 11 Under 1 Year 11 Under 24 Hours Months Days Hours Min. |
| shor | | | 11. BIRTHPLACE (State or fore | eign country) 12. CITIZEN OF WHAT COUNTRY |
| on s | | referred those mother | Mistruce | |
| information s of death cl | 13 | | 14. MOTHER'S MAIDEN NAM | ME |
| orn | 15 | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL | 7 ages | <u> </u> |
| of inferses of | (Ye | es, no or unknown) (If yes, give war or dates of service) SECURITY NO. | Kay Folk | 3912 Lower Rd |
| em of causes | | 18. 18/X CAUSE O | F DEATH | ONSET AND DEATH |
| it | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of during a gr | | A |
| | | heart failure, asthenia, etc. It means the disease, | O C C | Y |
| Ever | | injury or complication which caused death.) DUE TO | & labore | |
| NK. | z | ANTECEDENT CAUSES | Tatie Ay of | er trop |
| 76 | LIO | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | | |
| DING ians: | CA. | UNDERLYING CONDITION LAST. | 0 | V • |
| ADI | LIF | II (C) | mind Ine | unu |
| UNFADING Physicians: | CER | TRIBUTING TO THE DEATH, BUT NOT RELATED | | |
| 1-1 | AL | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA | TION | YES NO |
| Y, WITH | EDICA | HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc | | in Baltimore City, give exact location) |
| 3 | Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY | 21F. HOW DID INJURY | OCCUR? |
| SIL | | m. WHILE AT NOT WHILE AT WORK AT WORK | | |
| E Secon | | 22. I hereby certify that I attended the deceased from 6 | 1 | 1951, that I last saw th |
| TE | | | ed atm., from the | e causes and on the date stated above |
| 0 | | trans vanden M.D. 1 | ve u dee | 5/1/51 |
| E age | 2. TI | 24A/BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER | Y OR CREMATORY 24D. LO | CATION (City, town, or county) (State) |
| PLEASE correct a | 1 | Aurea 5-1-4/ / lose do | e | 12 cetto Ma |
| PLI | | DATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAD DIRECTOR | 2100 Entant Pl |
| | - | MAR _{s 150} 1351 | 1 40 0 0 | FOR |
| | | 1 and 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 220 |

Junial Con THE STATE OF Amother He willen ANDRESS OF FRANCE al late ook when the later the manual and the

20. AUTOPSY? (If in Baltimore City, give exact location) 1951, that I last saw the Am., from the causes and on the date stated above. 23c. DATE SIGNED VS 150

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

NTERVAL BETWEEN

HOME OF BUILDING STATES

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MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

| The O | + (| 653 RTH N 97 | 1 | BALTIMORE CITY HE CERTIFICATI | | 51. Registered No. | 1971 |
|-----------------------------|-----------|-------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------|--------------------------|
| | 1. | NAME OF D | | | | 2. DATE OF | |
| lied | 3. | PLACE OF D | | B. ORENDORFF | 4. USUAL RESIDENCE (W | DEATH Feb. 28 | 1951 |
| supplied. | Α. | Baltimore (| City, Maryland | | A. STATE | B. COUNTY | before admission) |
| S | H | FULL NAME OSPITAL OR | OF (II not in hospit | al or institution, give street address or location) | | outside eorporaje limits, writ | RURA and give |
| ully | IN | STITUTION | 3316 Mon | dawmin Ave. | Baltimore | 150 | /township) |
| | | | | Yrs. | D. STREET ADDRESS (If r | rural, give logation) | |
| - | - | | tay in Baltimore | Mos. Days | 3316 Mondawmin A | ve. | |
| ig. | 5. | SEX | 6. COLOR OR RACE | SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years f Under last birthday) Months: I | Year If Under 24 Hours |
| - | | female | white | widowed | Mar. 27. 1883 | 67 | |
| sho | work | A. USUAL OC | CUPATION (Give kind of of working life, even if retired) | 108. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for | | TIZEN OF HAT COUNTRY? |
| cle | | housewi | | at home | Carroll Co. Md. | | |
| rmatic | 13 | . FATHER'S N | | | 14. MOTHER'S MAIDEN NA | ME | |
| information of death cle | 15 | | n Holmes | | Jennie Hooker | | |
| of informuses of deg | (Ye | , no or unknown) | EVER IN U. S. ARMED (If yes, give war or date | FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRE | |
| of of ises | - | no | | no | Miss Emily Orendo | | |
| item e cau | | 18. | | | OF DEATH | | TERVAL BETWEEN |
| r it | | | E OR CONDITION | THE STATE OF THE S | moble cometam | | 2 |
| Every item of i | | heart failu | not mean the mode ore, asthenia, etc. It mea eomplication which e | ne the disease | rable carcinom | | |
| Ever write | | mjury or | | | astasis to the | liver and lun | aboutlyr |
| K. Se | 2 | | ANTECEDENT CAUS | | ne | | |
| INK. | TION | | OR CONDITIONS, IN | ANY, GIVING | | | |
| 5 . S | CAA | UNDERLY | ING CONDITION LA | ST. (C) | | | |
| UNFADING Physicians: | E. | | | | | | |
| FA FSic | RTI | | II IGNIFICANT CONDI | | | | |
| Phy Phy | 빙 | | TO THE DEATH, BUT | | | | 4-9 |
| | L | 19A. DATE C | F OPERATION 1 | 98. MAJOR FINDINGS OF OPER | ATION | | 20. AUTOPSY? |
| LY, WITH | V | 01: 46615 | | 218. PLACE OF INJURY (e. g., in | or 2 lc. WHERE DID (If | f in Baltimore City, give ex | YES NO |
| ort | EDIC | LYING O | ENT WAS UNDER. | about home, farm, factory, street, office bldg., e | NJURY OCCUR? | in balumore City, give ex | aet location) |
| LY | Σ | CAUSE OF | (Month) (Day) (Year) | (Hour) 21s. INJURY OCCURRE | ED 21F. HOW DID INJURY | OCCUP? | |
| - | | OF INJURY | (22) | WHILE AT NOT WHILE | | CCCCKI | |
| 6 | | | | m. WORK AT WORK | + 20 FO/ Bo | Ъ 00 53 . | |
| 7 124 | | 22. I herch | y certify that I att | ended the deceased from 08 , 1951, and that death occur | 1950, to 1 e | 0. 2(, 19.5) tha | t I last saw the |
| i i | | 23A. SIGNA | TURE | and that death occur | 3B_ADDRESS | 230 | DATE SIGNED |
| | | | Traller & 1 | Will M. D. | 220 Garrison | Blvd. F | eb. 28,5 |
| E S | 24 TIC | A. BURIAL. (S | REMA- 24B. DATE | 24C, NAME OF CEMETE | RY OR CREMATORY 24D. LC | OCATION (City, town, or eou | nty) (State) |
| PLEASE correct ag | | Burial | 3/2/5] | New Cathedra | 1 Cem. / B | alto. Md. | |
| OFF | D/ | ATE RECEIVE | D BY REGISTRAR | S SIGNATURE | 26 FUNERAL DIRECTOR | ADD | alla. |
| | IA | K 1 - 135 | Fr Kinger | 00 | de m. it crose | ner V some- | Min. |

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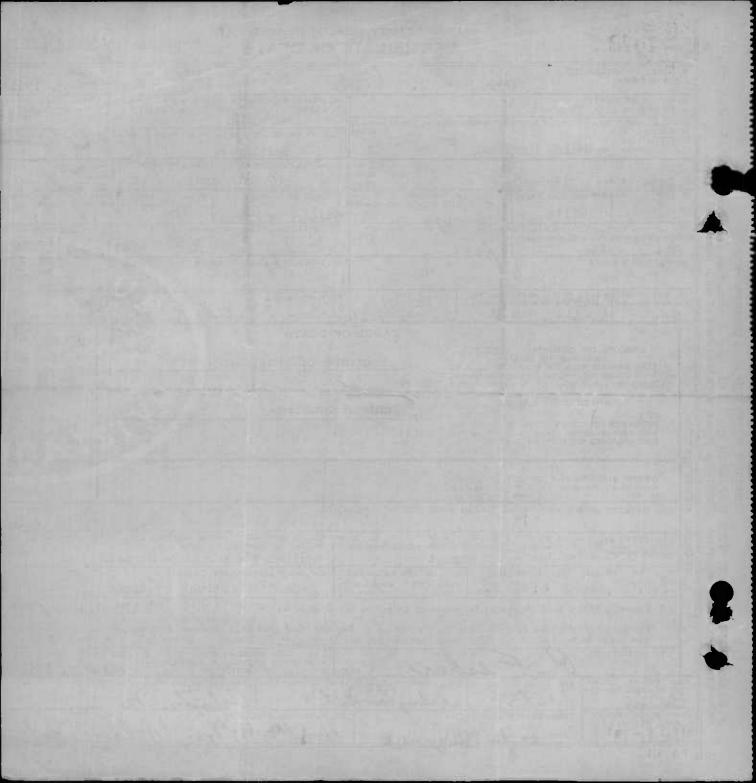
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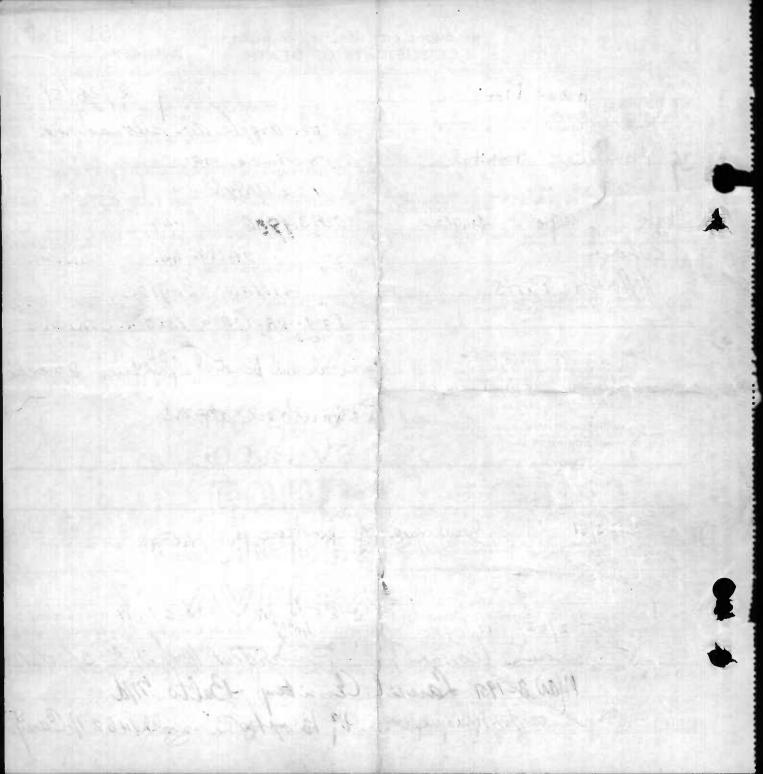
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| WITH | WITH UNFADING INK. Every item of information should be | INK. | Every | item | of | information | she vld be | |
| rtant. | Physicians: | please | write th | ne cal | uses | of death cl | early and h | - |

| The 6 | 3 7 0 51 1973 BALTIMORE CITY HE BIRTH NO. CERTIFICATI | EALTH DEPARTMENT E OF DEATH Reg | 51. 1973 istered No. |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: | 2. DATE OF DEATH | |
| fully supplied. | A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Hospital or Institution) INSTITUTION Togan Aput. Hospital | 1122 argy be av- 1 | UNTY Before admission) White the state of t |
| Ped d | c. Length of stay in Baltimore Days 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED. | D. STREET ADDRESS (If rural, give lo | 11-0 |
| she vld | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOWED, DIVORCED (Specify) Jugle 10B. KIND OF BUSINESS OR INDUSTRY | | Hours Min. |
| information sh | 13. FATHER'S NAME Helerston Pitts | 14. MOTHER'S MAIDEN NAME | 1. 4.5. A. |
| of info | 15. WAS DECLASED EVER IN U. S. ARMED FORCES? (Yos. oo or doloowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Edw. BAY (BR - 13) | ADDRESS SK |
| Every item write the cau | | ineal and scrotal plant about | ONSET AND DEATH |
| UNFADING INK. Physicians: please v | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) | riusethral about | |
| UNFAD Physicia | OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| WITH rtant. | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 2 2 5 5 1 2 1A. ACCIDENT WAS UNDER. 2 1B. PLACE OF INJURY (e. F. in Land Book book form, factory, atreet, office bld) 2 CAUSE OF DEATH | or 2 IC. WHERE DID (If in Baltimo | 20. AUTOPSY7 YES ND Core City, give exact location) |
| ILY, | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRION OF INJURY m. WHILE AT NOT WHILE AT WORK | | |
| RITE - | Woram florar M.D. | 3B. ADDRESS Parsident Hersh | , 1917, that I last saw the and on the date stated above 23c. DATE SIGNED |
| PLEASE correct ag | 24A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR | 25. FUNERAL DIRECTOR | ADDRESS |
| | VS 150 290 | 6 M | 136-B |

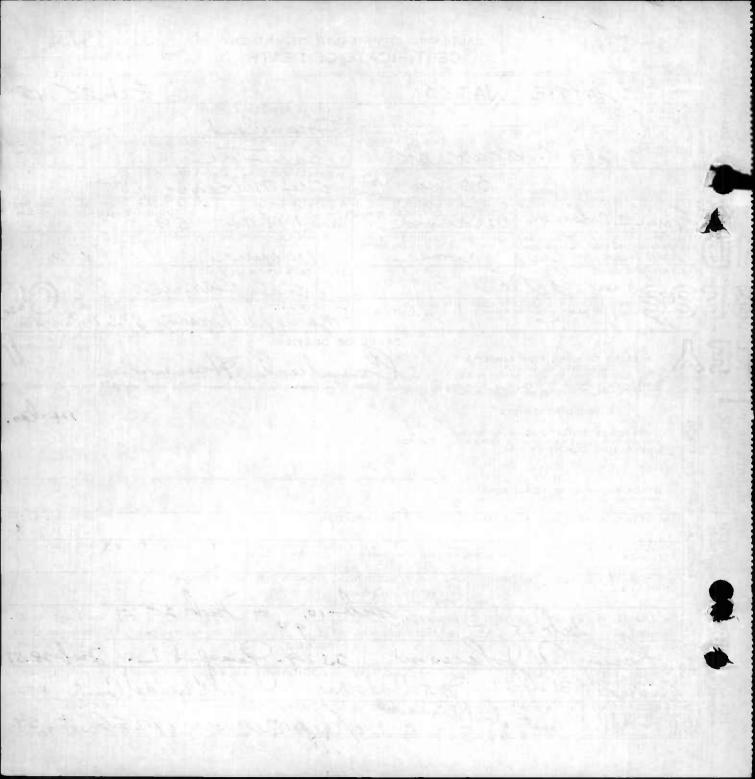


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|----------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|----------------------------------------------------------|
| The | 18 | A 0 174 A | E OF DEATH | Registered | 51 1974 No |
| | (7 | NAME OF DECEASED Type or Print) Thomas Q. Flanagan. | | 2. DATE OF DEATH | 2/27/51 |
| supplied. | A. B. | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or | | here deceased lived. B. COUNTY | If institution: residence |
| fully ly. | 117 | OSPITAL OR Incation | Balle | more | nits, write RURAL and give township |
| Total Control | | Yrs. Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. | 18 Wade | rural, give location) | # 28. |
| d blu | | M. WIDOWED, DIVORCED (Specify WIDOWED, DIVORCED (Specify DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR | 8. DATE OF BIRTH | 4 86 | If Under 1 Year If Under 24 Hours Months Days Hours Min. |
| ion sh h clear | wor | A done during most of working life even if retired) RETIRED INDUSTRY | and: | | 12. CITIZEN OF WHAT COUNTRY |
| NDING information s of death cle | | Thomas Frut | Rachae | l - | |
| R BINDIN em of infor causes of d | (Ye | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of drivice) (If yes, give war or dates of drivice) SECURITY NO. | 17. INFORMANT | | ADDRESS |
| FOR y item | | 18. HOLD I CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | OF DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| | | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | radis Py | plins | 2-23-5/ |
| RESERINK. | ICATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | rand of Ship | utio: | 2-275 |
| MARGIN UNFADING Physicians: | CERTIFI | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | |
| Seed II | AL | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER | RATION | | YES NO |
| ILY, WITE important. | MEDIC | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., | in or 21C. WHERE DID (If etc.) 1NJURY OCCUR? | in Baltimore City | , give exact location) |
| J'ii | ~ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK | | OCCUR? | MATERIAL |
| rE/ especi | | | 2 -23, 1950, to | 2 -27 , 19. e causes and on | 1, that I last saw the the date stated above. |
| RI. | | 23A. SIGNATURE | 23B. ADDRESS | drep | 23c. DATE SIGNED 2 27 37 |
| PLEASE correct a | TIC | May 3 Dev Cal | tudial 1 | CATION (City, tow | ite |
| PLI | N | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR Mash | e-elo | APDRESS |
| | | VS 150 | 7 1 - 7 - 1 | Caton | wille my |

May 20 -Appendig of the last The state of the s

51. 1975 BALTIMORE CITY HEALTH DEPARTMENT Registered No.

DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence B. COUNTY before admission) alf outside corporate limits, write RURAL and give (If-kural, give logation 9. AGE (In years Il Under 24 Hours last birthday) Months; Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS 1,36 n. Carrollton INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 1951, that I last saw the m., from the causes and on the date stated above. DATE SIGNED



from the control frontaile. When there are a

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

DATE RECEIVED BY

| | . , | 1150 | | | | | |
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| 1 | | 51 1 | 977 | ВА | LTIMORE CI | TY HEA | LTH DEPARTMENT |
| e | | | | | | | OF DEATH |
| The | 1. | NAME OF DEC | CEASED D | | | | |
| ed. | | 'ype or Print) | | ym ond | Levin | | |
| fully supplied. y. | A. B. | Baltimore Cit | y, Maryland | 1700 Fl | a m ont | Ave | 4. USUAL RESIDENCE (A. STATE Marryland |
| fully ly. | 11/0 | OSPITAL OR ISTITUTION | 1701 Ellar | mont Stre | | ocation) | B asltimore |
| الم الم | | Length of sta | | | 6 Yrs | Mos. Days | I70 Ellie |
| and but | I | nale | white | WIDO | E. MARRIED, VED, DIVORCED | (Specify) E | 1874 |
| on sho | worl | A. USUAL OCCU done during most of w None | JPATION (Give kin orking life, even if reti | id of 108, KIN | OF BUSINESS | OR 1 | 1. BIRTHPLACE (State or i |
| VDING information of death cle | 13 | Hyman I | | | 12/0 | 1 | 4. MOTHER'S MAIDEN N |
| BINDING of inform uses of dea | 15 (Ye | . WAS DECEASED | EVER IN U. S. AR (If yes, give war or o | MED FORCES? | 16. SOCIAL SECURITY | 7 NO. | 7. INFORMANT Dr Max Levin |
| RESERVED FOR BIN INK. Every item of i please write the causes | Z | (This does n heart failure, injury or co | OR CONDITIO EADING TO DI ot mean the mod asthenia, etc. It r omplication which | EATH le of dying, e. neans the disea h caused deat | g., (A) se, h.) DUE TO | yse or ver | rang arger |
| | ICATION | RISE TO THE | OR CONDITIONS ABOVE CAUSE (NG CONDITION | A) STATING T | NG HE DUE TO (C) | | |
| MARGIN UNFADING Physicians: | CERTIF | TRIBUTING T | II NIFICANT CON O THE DEATH, BI TASE OR CONDITI | UT NOT RELAT | ED | | |
| H | CAL | 19A. DATE OF | OPERATION | 198. MAJOF | FINDINGS OF | OPERAT | TION |
| LY, WITH | MEDIC | LYING OR CAUSE OF DE | | about home, | ACE OF INJURY farm, factory, street, of | | |
| ir. | | OF INJURY | onth) (Day) (Ye | ear) (Hour) | | T WHILE T | 21f. HOW DID INJUR |
| E de la constante de la consta | | 22. I hereby | certify that L | attended the | deceased from | 2 Jul | n 3 1949 to |
| ITE s est | | deceased aliv | 011 | 1/15 | and that death | t occurre | ad at |

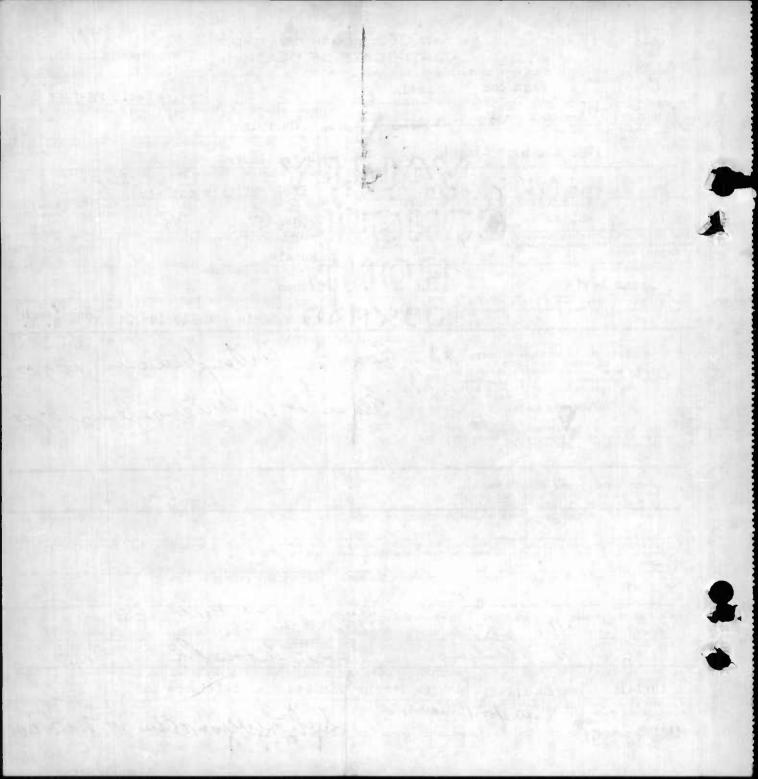
bulen

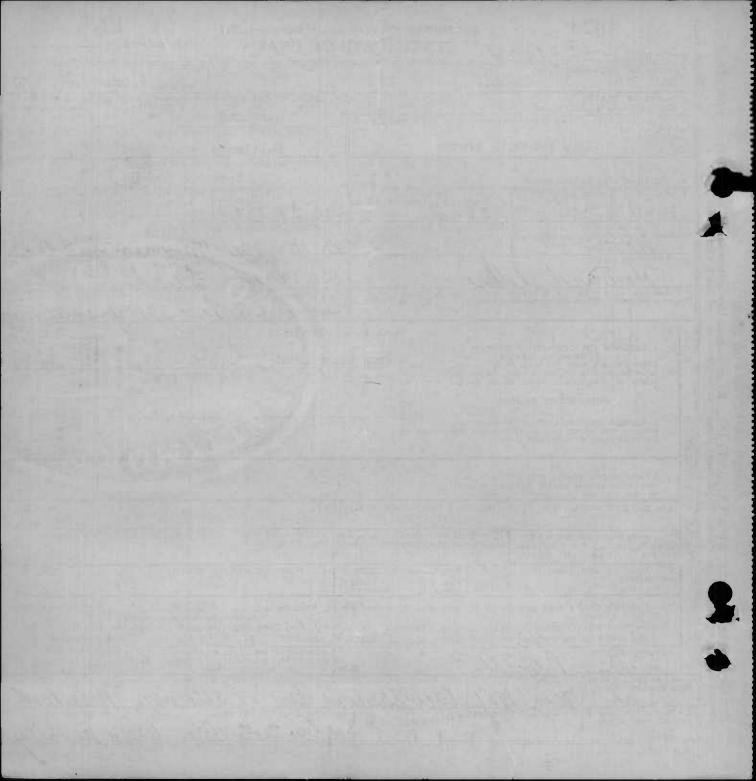
March 1,1951

51 1977 Registered No_ 2. DATE OF DEATH Feb. . 28 1951 ESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) TOWN (If outside corporate limits, write RURAL and give DDRESS (If rural, give location) Ellia m ont 9. AGE (In years Munder I Year last birthday) Months Days Hours Min. ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? S MAIDEN NAME ADDRESS Beach 82 Florida St INTERVAL BETWEEN Er Ten Disease 109. ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) DID INJURY OCCUR? 1951, that I last saw the m., from the causes and on the date stated above. 239. DATE SIGNED 24D. LOCATION (City, town, or county) Baltimore Md ADDRESS mon Bu

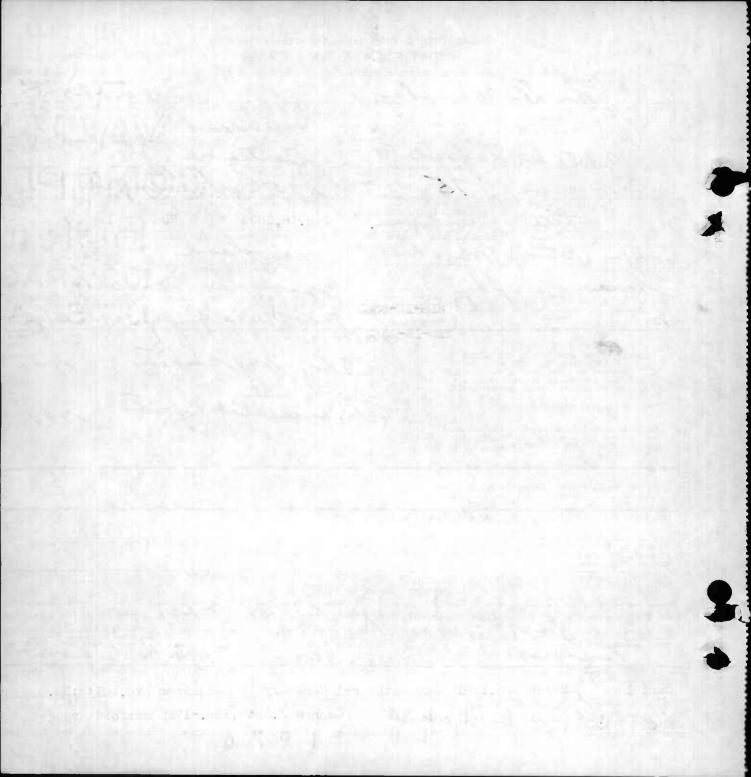
24c. NAME OF CEMETERY OR CREMATORY

Hebrew Herring Run Cem





| The 7 | J. BI | 610 1979 RTH NO. | | | TIMORE CITY | | | | Registere | | 1979 |
|----------------------------------------|------------|----------------------------------------------------------------|-----------------------------------------|--------------|-------------------------------------------|-----------|-------------------------|---------------|-----------------------------------|---------------|------------------------------------------|
| | | NAME OF DECEASI | en J. | mu | rphy | | | | 2. DATE OF DEATH | 4.28 | -1951 |
| supplied. | Α. | Baltimore City, M | | r institutio | n, give street addre | A. S | STATE | ENCE (Who | B. COUNTY | | tion: residence before admission |
| ully s | H | DSPITAL OR ISTITUTION 27 | 56 W. O | Taga | yello ad. | i on \ | Ball | , (lf ou | tside corporat | imits, write | RUBAL and giv township |
| | c. | Length of stay in | Baltimore | 7. | 4 | rs. D. S | 2756 | SS (If ru | ral, give beation | yell | 19. |
| bu (| 5. | SEX 6.COL | OR OR RACE 7 | | MARRIED, ED, DIVORCED (Sp | ecify) | an. 18, 18 | | 9. AGE (In year last birthday) | Months D | Year H Under 24 Hours Days Hours Min. |
| n sho clear | 10 work | A. USUAL OCCUPAT | ON (Give kind of life even if settired) | Pola. | OF BUSINESS OF | | BIRTHPLACE | State or fore | ign country) | | HAT COUNTRY |
| NDING information s of death cle | 43 | FATHER'S NAME | Musi | Sheep | | 14. | MOTHER'S MA | IDEN NAM | - Mus | phe | 1 |
| BINDIN of infor uses of d | (Ye | . WAS DECEASED EVER | IN U. S. ARMED Fo | ORCES! | ETSPELATION | 17. | INFORMANT | rie M | Must by | ADDRES 275 | Tw Popul |
| rOR item ne cau | | | CONDITION DIE | RECTLY | ~ ST8-12-646 | E OF | DEATH | u se | andili. | | TERVAL BETWEEN SET AND DEATH |
| 27- | | (This does not me heart failure, asthe injury or complic | an the mode of d | the disease, | | | | | 0 | _ | |
| RESER's INK. | ICATION | ANTEC DISEASES OR CO RISE TO THE ABO UNDERLYING C | VE CAUSE (A) ST | NY, GIVING | | m. c | Lelish | liel | / ephil | • | 1937 |
| MAI NFA hysic | CERTIF | OTHER SIGNIFI TRIBUTING TO THE TO THE DISEASE | E DEATH, BUT NO | T RELATED | | | | | | | |
| ₩. | 7 | 19A. DATE OF OPE | | | FINDINGS OF C | PERATIC | N | | | | YES NO |
| LY, WIT | 1EDICA | 21A. ACCIDENT W LYING OR CONT CAUSE OF DEATH | AS CINDLIN- | | ce OF INJURY (cm, factory, street, office | | 21c. WHERE DINJURY OCCU | | in Baltimore Ci | ty, give ex | act location) |
| O. | Σ | 2 ID. TIME (Month) OF INJURY | (Day) (Year) (H | w | HILE AT NOT W | HILE | 21F. HOW DID | INJURY | OCCUR? | The second | |
| ITE esp | | 22. I hereby certi deceased alive on | fy that I atten | ded the d | | ban. | 6- , 195 at 7 A. m. | to Jo | causes and c | 9.57, tha | t I last saw th |
| SIT S | | 23A. SIGNATURE | 4300 | win | / M. D | 23B. A | 602 del | 45 % | fito. aa | 230 | DATE SIGNED |
| PLEASE correct ag | Z4 TIO | 4A. BURTAL, CREMA- ON, REMOVAL (Specify) BURIAL | March 3rd | | Ac. NAME OF CEM | | | | ondson Av | | |
| PLE | | ATE RECEIVED BY | REGISTRAR'S | SIGNATUE | TE MENT MANE | 25. Ge | runeral DIF | ECTOR | | ADD | RESS |



| -0 | 0 |
|------|--------------|
| | 1980 |
| i. | THE STATE OF |
| IRTH | NO |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1980 Registered No.

| | ype or Print) | ECEASED | | | 2. DATE OF |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Doroth | y Reus | | DEATH Feb. 27, 1951 |
| Α. | | City, Maryland | | A. STATE | (Where deceased lived, If institution: residence B. COUNTY before admis |
| H | FULL NAME OSPITAL OR ISTITUTION | | al or institution, give street address of location | | (If outside corporate mits, with RE RAL and town |
| 4 | / S | . Joseph's H | | Baltimore | |
| | Longth of a | tay in Baltimore | Yrs. Mos. | D. STREET ADDRESS | |
| | SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, | 8. DATE OF BIRTH | 9. AGE (In years H Under 1 Year 11 Under 24 |
| | Female | White | W1dowed (Specific W1dowed | 12-25-1875 | last birthday) Months Days Hours 2 2 |
| 10 vorb | A. USUAL OC k dooe during most of HWIe. | CUPATION (Give kind of of worklog life, even if retired) | 108. KIND OF BUSINESS OR INDUSTR | | WHAT COUN |
| 13 | FATHER'S | IAME | | Baltimore, | Mich J Lail C |
| | Joseph | Adler | | Anna Marie | Siegel |
| 15 (Ye | . WAS DECEASE , oo or uoknowo) | O EVER IN U. S. ARMED (If yes, give wer or dated NONE | of service) 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mr. Joseph A.Re | eus-1702 Aisquith Street |
| | heart failu lnjury or | re, asthenia, etc. It mca complication which c | ns the disease. | oral hemorrhage | |
| ICATION | Injury or DISEASES | re, asthenia, etc. It mca complication which c ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE (A) ING CONDITION LA | ns the disease, aused death.) DUE TO SES (B)Artel FANY, GIVING STATING THE DUE TO | riosclerotic card | liovascular disease |
| ERTIFICA | DISEASES RISE TO T UNDERLY OTHER S TRIBUTING | complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) | rs the disease, aused death.) DUE TO SES (B)Artel F ANY, GIVING STATING THE DUE TO CC) | riosclerotic card | liovascular disease |
| CERTIFICA | DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE D | complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION | rs the disease, aused death.) DUE TO SES (B)Artel F ANY, GIVING STATING THE DUE TO CC) | riosclerotic card | liovascular disease |
| ERTIFICA | DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE D 19A. DATE C | complication which complication which complete cause (A) and conditions (B) and condition complete cause (B) and complete cause (B) and complete cause (B) and complete cause cause (B) and complete cause cause (B) and cause cause (B) and cause cause (B) and cause (B) a | rs the disease, aused dcath.) DUE TO SES (B)Artel F ANY, GIVING STATING THE DUE TO (C) | etes Mellitus | 20. AUTOPS |
| DICAL CERTIFICA | OTHER S TRIBUTING TO THE D 19A. DATE C LYING OF | complication which complication which complete cause (A) and conditions (B) and condition complete cause (B) and complete cause (B) and complete cause (B) and complete cause cause (B) and complete cause cause (B) and cause cause (B) and cause cause (B) and cause (B) a | rs the disease, aused death.) DUE TO SES (B) | etes Mellitus RATION 21c. WHERE DID 1NJURY OCCUR? RED 21f. HOW DID INJU | 20. AUTOPS YES NO (If in Baltimore City, give exact location) |
| DICAL CERTIFICA | OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF injury 22. I hereb deccased all | complication which complication which complication which complete the complete compl | raused dcath.) DUE TO SES (B) | etes Mellitus Pates Mellitus | 20. AUTOPS YES NO (If in Baltimore City, give exact location) URY OCCUR? 2/27/ , 19 5 that I last saw |
| MEDICAL CERTIFICA | OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased all 23A. SIANA | complication which complication which completely cause (A) and conditions, if the above cause (A) in condition condition condition condition condition completely condition cond | raused dcath.) DUE TO SES (B) | ctes Mellitus ctes Mellitus caro ctes Mellitus caro cred 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY cred at 8:12An Maron 23b. Address 14:00 N. Caroli | 20. AUTOPS YES NO (If in Baltimore City, give exact location) URY OCCUR? 2/27/ , 19 5 hat I last saw the causes and on the date stated ab 23c. DATE SIGN |

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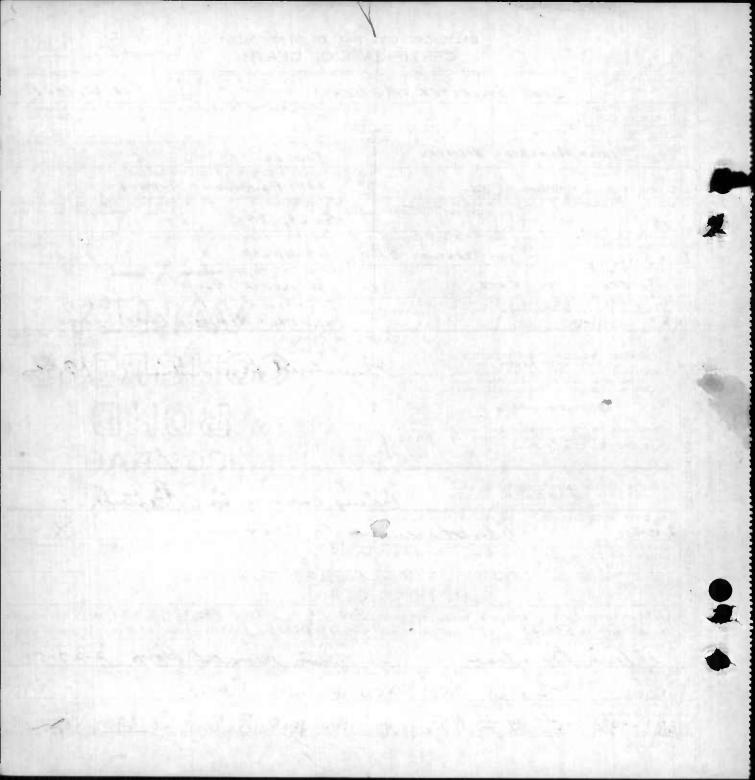
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ALTER CARROLL GARLESSON A MEAGAL ON

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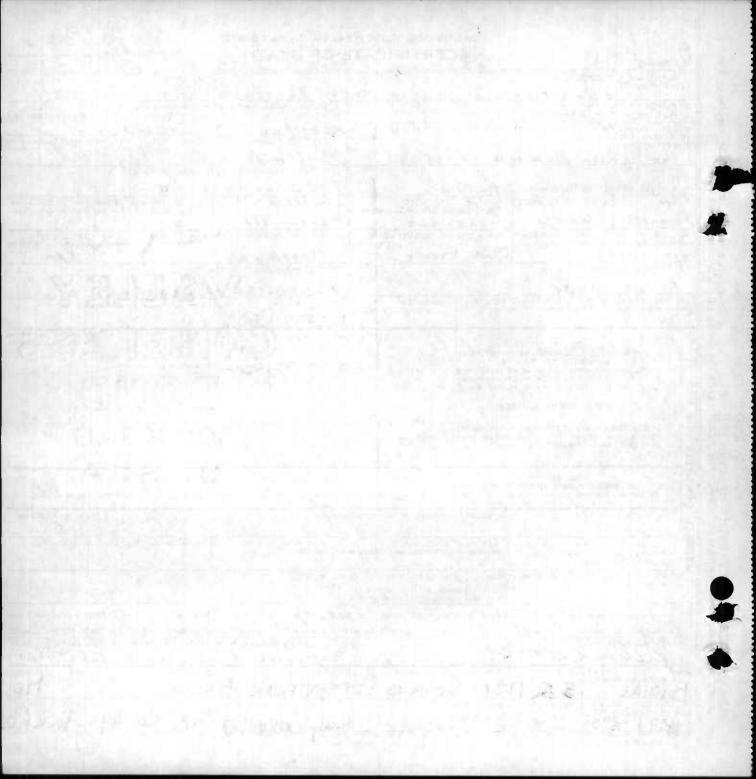
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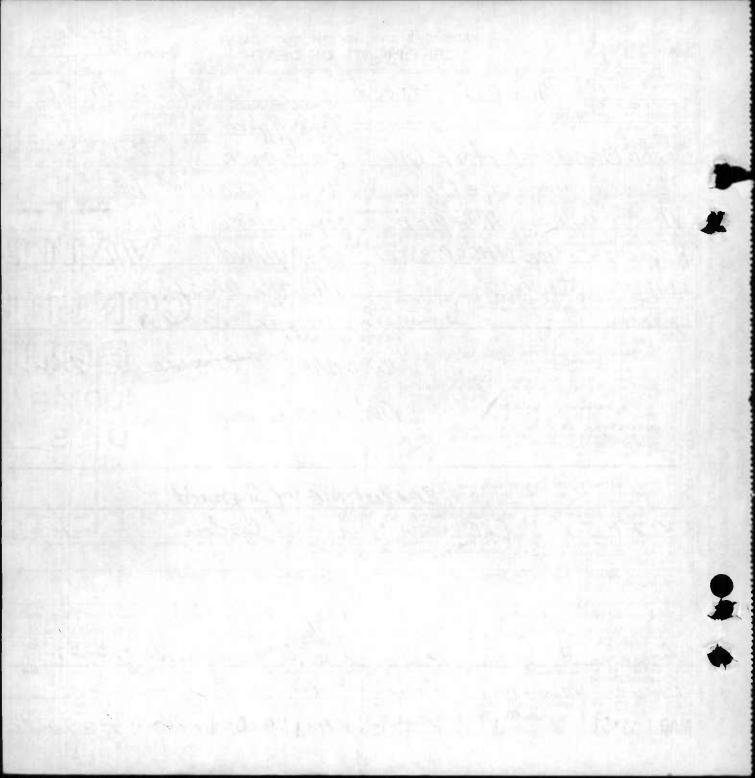


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|) | r 2 5 | |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| | BALTIMORE CITY HEALTH DEPARTMENT 51 | 1983 |
| | CERTIFICATE OF DEATH Registered No | |
| 1 | 1. NAME OF DECEASED (Type or Print) 2. DATE | |
| | Edna Virginia Benson (Mrs. N. Barton) DEATH FEB 27, | 1951 |
| | 3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution as STATE B. COUNTY) | on; residence octore admission) |
| ı | B. FULL NAME OF (If not in hospital or institution, give street address or Mary/and Baltimore | |
| i | INSTITUTION (If outside corporate limits, write | RURAL and give township) |
| | the Union Memorial Hospital Boltimore | |
| | Yrs. D. STREET ADDRESS (If rural, give location) Be A | MONT |
| | c. Length of stay in Baltimore /ifctime Days 821 B Cua mont Atte. | |
| | WIDOWED, DIVORCED (Specify) last birthday Months: Da | ys Hours Min. |
| 1 | TO USUAL COCUPATION OF | 1751105 |
| | work done during most of working life, even if retired) NDUSTRY | TIZEN OF TAT COUNTRY? |
| | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME | S.A. |
| | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL TIT INFORMALT | |
| | (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO. | 3 |
| | Medi. Acc. | ERVAL BETWEEN |
| | DISEASE OR CONDITION DIRECTLY | ET AND DEATH |
| | (This does not mean the mode of dying, e.g., (A) | 3 |
| | heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO | , |
| | | |
| | Z (B) | |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO | |
| | UNDERLYING CONDITION LAST. | |
| | | |
| 1 | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- | (10) |
| | TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | rely) |
| I | 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION | . AUTOPSYP |
| | 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give examples of the property | s X NO |
| | 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, form, factory, etreet, office bldg., etc.) INJURY OCCUR? | et location) |
| | CAUSE OF DEATH | |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | |
| | m. WHILE AT NOT WHILE AT WORK | |
| | 22. I hereby certify that I attended the deceased from Feb. 15, 1957, to Feb. 27, 1951, that | I last saw the |
| | deceased alive on Feb. 17, 1951. and that death occurred at 1:500. m., from the causes and on the date | |
| | | DATE SIGNED |
| | 244 PHOLAL CREWAL 245 DATE | 28,1951 (State) |
| | TION, REMOVAL (Specify) 3-1951 GOVANS PRESBYTERIAN BALTO. | MD. |
| | DATE RECEIVED BY L DECISTRADE SIGNATURE | |
| | LOCAL REGISTRAR SIGNATURE | |



| 5- | 2 | 315 | BALTIMORE CITY H | EALTH DEPARTMENT | 51 | 1984 |
|---------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|-------------------------|----------------------------------------|
| The |) B | 1 198.1 IIRTH NO. | | E OF DEATH | Registered No | |
| | 1. | NAME OF DECEASED Type or Print) MR. Philip | D. StEVEN | S | OF DEATH Q - | 27-51 |
| ully supplied. | B. H | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or ins OSPITAL OR NETITUTION | titution, give street address or location) | | | before admission) |
| legibil | | Length of stay in Baltimore | ETIME Days | BALTIMORIE 6. STREET ADDRESS (II 4664 KERN | rural, give location) | _# ₇₈ |
| shring be | 10 | DA. USUAL OCCUPATION (Give kind of) OB. H | ARRIED (IND OF BUSINESS OR | Scht. 36 1886 11. BIRTHPLACE (State or for | last birthday) Mon | ths Days Hours Min. |
| ation ath cle | 13 | Adooe during moet of worklog life, eye if retired) EDRESENTATIVE NAME TO THE STATE OF THE STA | SUR ANCE | MARY/AND 14. MOTHER'S MAIDEN N | AME | WHAT GOUNTRY |
| BINDING of inform uses of dea | Y | 5. WAS DICEASED EVER IN U. S. ARMED FORCE on, no or unboown) (If you, give war or dates of service MEANDOWN) | \$7 16. SOCIAL SECURITY NO. 2/3-09-5705 | 17. INFORMANT | CECORDS AD | DRESS |
| FOR y item | | DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of | rLY Core | OF DEATH SMARY OCCIO | usion | INTERVAL BETWEEN ONSET AND DEATH |
| RESEI INK. | TION | ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. | SIVING (B) ARTE | RIOSCLE ROS | S | |
| MARGIN I UNFADING Physicians: p | CERTIFICA | OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSE | con. CARCONO | mA of Sign | unid | |
| WITH ortant. | DICAL | 19a. DATE OF OPERATION 3 198 MA. 2-2-7-5) 3 6 6 6 7 198 MA. 21a. ACCIDENT WAS UNDER. 21a. | | RATION - COL | f in Baltimore City, gi | 20. AUTOPSY? YES NO Ve exact location) |
| ah, impo | ME | CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK | | OCCUR? | |
| SITE is espect | | 22. I hereby certify that I attended deecased alive on 2-2, 195 | | rrcd at 6 m., from to | he causes and on the | that I last saw the date stated above. |
| PLEASE correct ag | 2.4 Tie | 4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial May 2 195-7 | 24c. NAME OF CEMETE Prosper | RY OR GREMATORY 240. LO | OCATION (City, Lwn, o | recounty) (State) |
| PLE | 1 | ATE RECEIVED BY REGISTRAR'S SIGN OCAL REGISTRAR | ~ Williams, Mar. | Hong / Caski | is Amile 4 | 905-York Rd |
| | | VS 150 | 4507 | 3 | | 46E |



ully supplied. UNFADING INK. Every item of information shor? Physicians: please write the causes of death clearly MARGIN RESERVED FOR BINDING

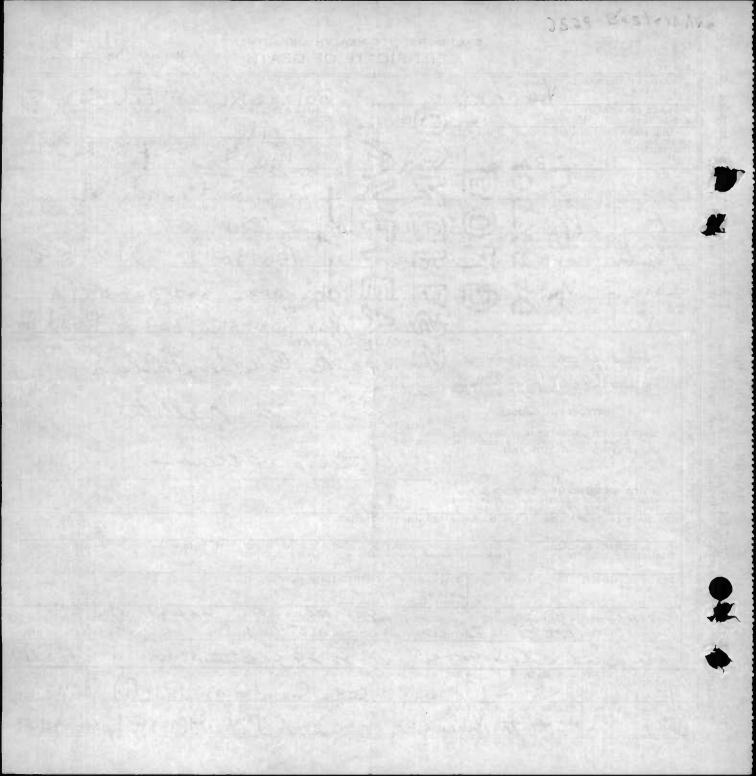
PLEASE of

51 1985 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1985

| (T | NAME_OF DECEASED / | | 2. DATE |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Type or Print) | Galanski | OF DEATH FLL - 27 - 51 |
| 3. | PLACE OF DEATH: | 4. USUAL RESIDENCE (W | here deceased lived. If institution : residence |
| | Baltimore City, Maryland | A. STATE | B. COUNTY before admission) |
| | FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) | | 49 |
| | INSTITUTION | C. CITY OR TOWN | outside corporate limits, with RUNAL and give township) |
| | 00 737 S. 130 hd St | 10a1to |) , Lownship, |
| | Yrs. | D. STREET ADDRESS (If r | ural give location) |
| C. | Length of stay in Baltimore Lite Mos. | 737 5 | 13 and St |
| - | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | 8. DATE OF BIRTH | 9. AGE (In years If Under I Year If Under 24 Hours |
| | WIDOWED DIVORCED (Specify) | 11 1003 | last birthday) Months Days Hours Min. |
| - | 1. Matried | May 15 /872 | 28 |
| worl | DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR kdong during most of working life, even if retired) | 11. B RTHPLACE (State or for | reign country) 12. CITIZEN OF WHAT COUNTRY? |
| | House Work At Home | 13a) to. | 0.5.1 |
| 13 | FATHER S NAME | 14. MOTHER'S MAIDEN NA | ME |
| | Lacal Matrices L | AA | 1 - 0: 01- |
| 15 | 5. WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SOCIAL | Maryanna | Jagler SKI |
| (Ye | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 16. SOCIAL 16. SOCIAL 16. SOCIAL 16. SOCIAL | 17. INFORMANT | ADDRESS |
| | No None | Max Golousk | , 737 S. Bond & |
| | 18. 51 AV CAUSE | OF DEATH | INTERVAL BETWEEN |
| | 160 | 0 0 0' | ONSET AND DEATH |
| 18 | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | ute Cardia | 1. tailund |
| 13 | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, | | |
| 1 | injury or complication which caused death.) DUE TO | , | |
| | ANTECEDENT CAUSES | lit. | 1111 |
| Z | (B) | more " | receives |
| TION | DISEASES OR CONDITIONS, IF ANY, GIVING | | |
| | RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | |
| 4 | | 1 | TA AT 14 |
| CA | Cus | lerop . 2 ell | |
| FIC | a Cur | leno. Tell | |
| RTIFIC | OTHER SIGNIFICANT CONDITIONS CON- | leno Zela | |
| ERTIFIC | OTHER SIGNIFICANT CONDITIONS CON- | leso Que | |
| RTIFIC | OTHER SIGNIFICANT CONDITIONS CON- | RATION | L 20. AUTOPSY? |
| L CERTIFIC | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | RATION | |
| L CERTIFIC | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21a. ACCIDENT. SUICIDE. 21b. PLACE OF INJURY (e.g., i. | in or 21c, WHERE DID (II | YES NO |
| L CERTIFIC | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | in or 21c, WHERE DID (II | |
| ERTIFIC | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., i eboot bome, farm, factory, street, office bldg | in or 21c, WHERE DID (If | in Baltimore City, give exact location) |
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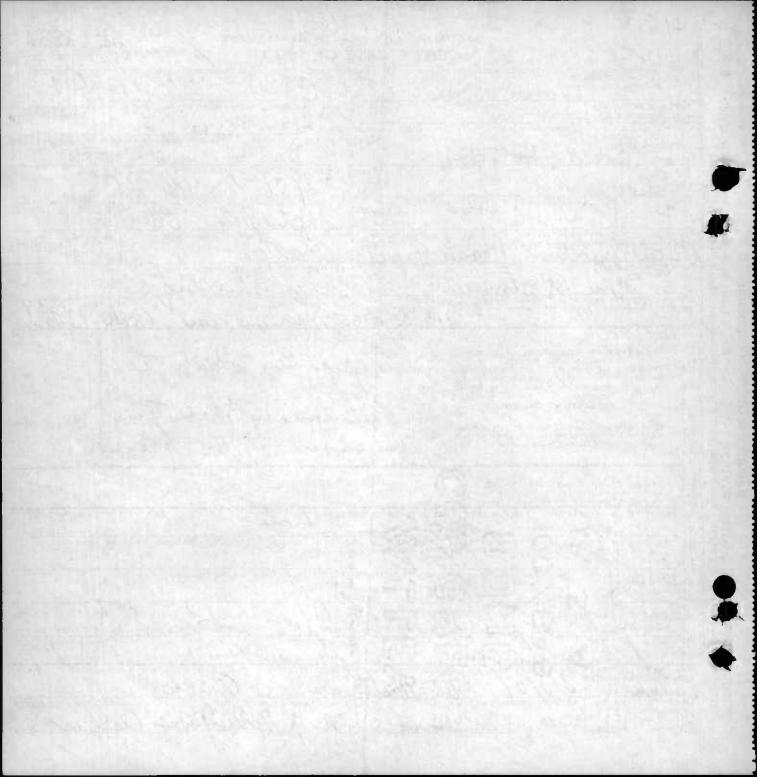
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CERTIFICATE OF DEATH

Registered No. 1.986

| 1. SAME OF DECASED (Type of Prince) Elwood L. BOWMEN 3. FLACE OF DEATH. 8. Baltimore City, Maryland 4506 FROM. Ave. 8. Baltimore City, Maryland 4506 FROM. Ave. 8. FULL NAME OF DECASED (If not in begyital or institution, give invested address or invention). 8. FULL NAME OF DECASED (If not in begyital or institution, give invested address or investment of the prince of the principle. 8. FULL NAME OF COLONIA NUTSING HOME C. Length of stay in Baltimore C. SEEX 6. COLOR OF RACE White White Will C. White Will C. SHOULD SEE AS Should be started towards of the principle of the princip | | | | | |
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| Colonial Nursing Home Colo | Α. | Baltimore City, Maryland | | A. STATE B. COUNTY before adn | |
| Life Mass Distriction Colonial Nursing Home Life Mass Mass Distriction St. 5. SEX G.COLON OR RACE 7. SINGLE MARRIED Mass Mass St. 6. COLON OR RACE 7. SINGLE MARRIED SPECIAL WITHOUT St. 10. LULL OCCUPATION (Gris Hold) (10s Min) OF BUSINESS OR Withdright of St. More than 10s Min) Mass Min | B. | FULL NAME OF (If not in hosp | ital or institution, give street address o | | |
| C. Length of stay in Baltimore Life Mas. Mas. O. STREET ADDRESS (If rund, sixedwardfor) AND JULIA OCCUPATION (divelated) OR JULIA OCCUPATION (divelated) DOWNEAD PLUMDETS PLUMDET (RELITED) BOWMEN PLUMDETS BELLIMOTE MAG II. GIRTHPLACE(Siste or foreign country) BELLIMOTE MAG II. GIRTHPLACE(Siste or foreign country) II. GIRTHPLACE(Siste or foreign country) BELLIMOTE MAG III. GIRTHPLACE(Siste or foreign country) III. GIRTHPLACE(Siste or foreign country) BELLIMOTE MAG III. GIRTHPLACE(Siste or foreign country) III. GIRTHPLACE(Siste or foreign country) BELLIMOTE MAG III. GIRTHPLACE(Siste or foreign country) III. GIRTHPLACE(SISTE OR SISTER) III. GIR | 11 | ISTITUTION Colonial | | tov | |
| S. SEX MADE OF CRACE (7. SINGLE MARRIED. White No. COLOR OR RACE No. Color | | | | | |
| Male White Wide Main Section (Speeds) 6/16/1868 88 88 80 Months Days Bours Min. 8/16/1868 88 88 80 Months Days Bours Min. 8/16/1868 80 Months Days Bours Min. 8/16/1868 80 Months Days Bours Min. 8/16/1869 Months Days Bou | and the land of | | Days | 11 | 04.0 |
| The plumber of the tired of plumbers and plu | | Male White | WIDOWED DIVORGED (Specify | 6/16/1868 2 last birthday) Months: Days Hours | Min. |
| Plumber (Retired) Bowish Plumbers 33. Father's name H.C. Bowman 15. Was Decased Even in V. S. Armed Forces? (Nex. Bo or vinknown) (If yes, give war or dates of ervise) No No 212.16.2796 16. SOCIAL SECURITY NO 212.16.2796 INTERVAL BETWEEN ONSET AND DEATH (This does not make the mode of dring, e. S., heart failure, authenia, etc. It means the disease, injury or complication which caused death.) DISEASE OR CONDITION DIRECTLY (This does not make the mode of dring, e. S., heart failure, authenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY. GIVING NISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSINO IT. 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OR CONDITION CAUSINO IT. 11 OTHER DISEASE OR CONDITION CAUSINO IT. 12 IA. ACCIDENT, SUICIDE. About boms, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE. About boms, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WILLE AT NOT WHILE AT NOT W | 10 | A. USUAL OCCUPATION (Give kind | of 108. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | |
| H.C.BOWMEN 18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or value) and the value of services) (16. SOCIAL SECURITY NO 212.16.2796 No | | Plumber (Retired) | Bowman Plumbers | Dar of more | INTRY |
| 15. MAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or makeown) (If yes, give war or dates of service) 16. SCCIAL SECURITY NO 212.16.2796 Mrs. Grace Bowman 602 Ashburton St. | 12 | S. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
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| NO NO ELE. 16.2/90 MFS. Grace Bowman OUZ ASHOUTCON St. 18. | (Ye | e, no or unknown) (If yes, give war or da | ites of service) SECURITY NO | | |
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| 23a. SCNATURE M. D. 23B. ADDRESS 24a. Birial, Crima- 24b. Date TION, REMOVAL (Spelify) Burial Date Received by Registrar's Signature 23b. ADDRESS 23c. Date Signed 23c. Date Signed Woodlawn Woodlawn Maryland 25c. Funeral Director Address | EDICAL CE | OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21A. TIME (Month) (Day) (Yest OF INJURY) | DITIONS CON- IT NOT RELATED ON CAUSING IT. 19B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg IT) (Hour) 21E. INJURY OCCURI WHILE AT NOT WHIL AT WORK | in or 21C. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR? RED 21F. HOW DID INJURY OCCUR? | NO [n) |
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| Burial 3/3/5/ Woodlawn Woodlawn Maryland Date received by registrar's signature 25. Funeral Director Address | EDICAL CE | OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION (Specify) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year OF INJURY) 22. I hereby certify that I a deceased alive or 194. | DITIONS CON- DIT NOT RELATED ON CAUSING IT. 19B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. s., about home, farm, factory, street, office bldg WHILE AT NOT WHILE AT WORK AT WORK Litended the deceased from 1, 19 and that death occur | in or 2 IC. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR? RED 21F. HOW DID INJURY OCCUR? | aw the above. |
| INCOME DECISIONED SECTIONS OF A SECTION WILL A 44 MA | MEDICAL CE | OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION (Specify) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year OF INJURY) 22. I hereby certify that I a deceased alive of 123A. SANATURE | DITIONS CON- DIT NOT RELATED ON CAUSING IT. 19B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg ary (Hour) 21E. INJURY OCCUR WHILE AT NOT WHIL AT WORK Attended the deceased from 1, 19 , and that death occur M. D. | in or 2 IC. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR? RED 21F. HOW DID INJURY OCCUR? | no and the above |
| | HEDICAL CE | OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year OF INJURY) 22. I hereby certify that I a deceased alive or 23A. Sanature 4A. BERIAL, CRIMA-1 24B. DATE ON, REMOVAL (Specify) | DITIONS CON- DIT NOT RELATED ON CAUSING IT. 19B. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. s., about home, farm, factory, street, office bldg III) (Hour) 21E. INJURY OCCUR: WHILE AT NOT WHIL AT WORK AT WORK AT WORK AT WORK 24C. NAME OF CEMET | in or 2 Ic. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR? RED 21F. HOW DID INJURY OCCUR? The state of the state | no and the above |

Registered No. 1987 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF ully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) B. COUNTY MEYEL B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write KNRAI and give HOSPITAL OR location) C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET, ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9 AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR HPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? information s of death cle 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL jo 18. CAUSE OF DEATH 170 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: IL. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-回 TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL important, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from I Vo 19 , that I last saw the I and that death occurred at & Pm., from the causes and on the date stated above. deceased alive on_ 19. 23A. SIGNATURE 23c. DATE SIGNED 23B. AQ 24A. BURGAL, CREMA-TION, WEMOVAL (Specify) 2/4B 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION City, town, or county) DATE RECEIVED BY ADDRESS FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF John C.Uhl DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland 2411 E. Hoffman St. A. STATE B. COUNTY 2411 E. Hoffman St. (If not in hospital or institution, give street address or (If outside corporate limits, with RURAL and give C. CITY OR TOWN INSTITUTION Balto. Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2411 E. Hoffman St. c. Length of stay in Baltimore Days life 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Male Whi te Oct.12,1886 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Retired Plumber Balto. Md. 13. FATHER'S NAME CUAJJY. 14. MOTHER'S MAIDEN NAME Conrad Uhl Louise Nichels 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 215-01-6860 18. CAUSE OF DEATH Cardia Dilation Cardio Vuscular Renal Disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERō about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from solour of deceased alive on Telegra 25 1951 .. and that death occurred at_ 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) OF CEMETERY OR CREMATORY March 2,1951 Balto. Ce,m. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR OCAL REGISTRAP VS 150

Mrs. Dorothy Klima, 2411 E. Hoffman St. INTERVAL BETWEEN 20. AUTOPSY (If in Baltimore City, give exact location) 1950, to Telucy 26, 195, that I last saw the 530 Pm., from the causes and on the date stated above. DATE SIGNED 24D. LOCATION (City, town, or eounty) Balto. Md. ADDRESS 2024 Orleans St. 31a

Feb. 26/5

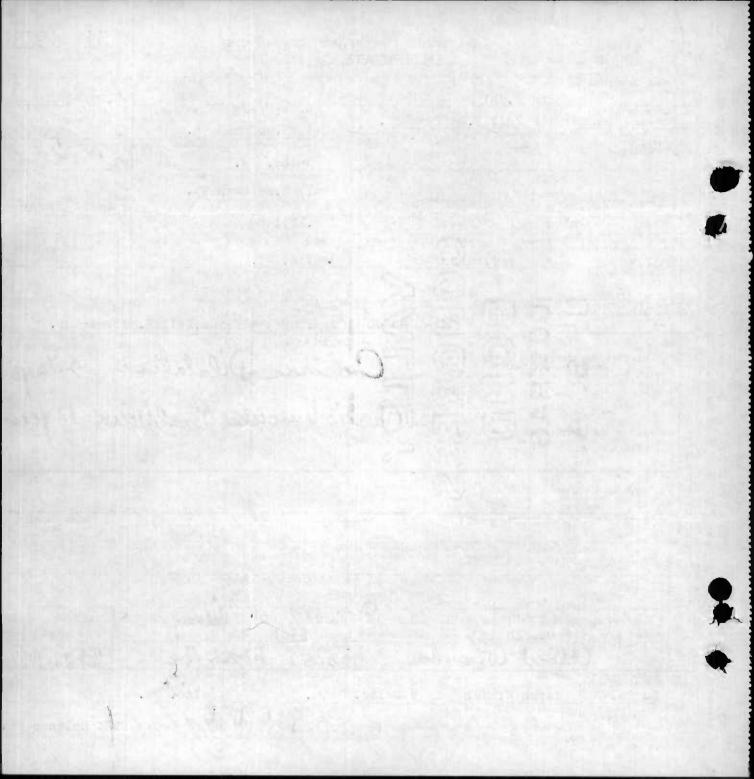
If Under 1 Year

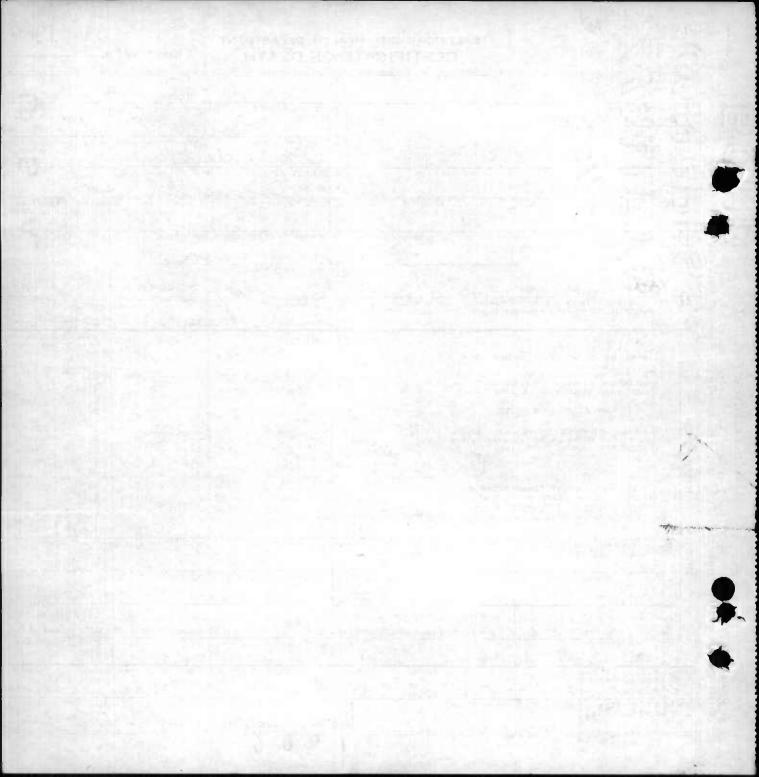
12. CITIZEN OF

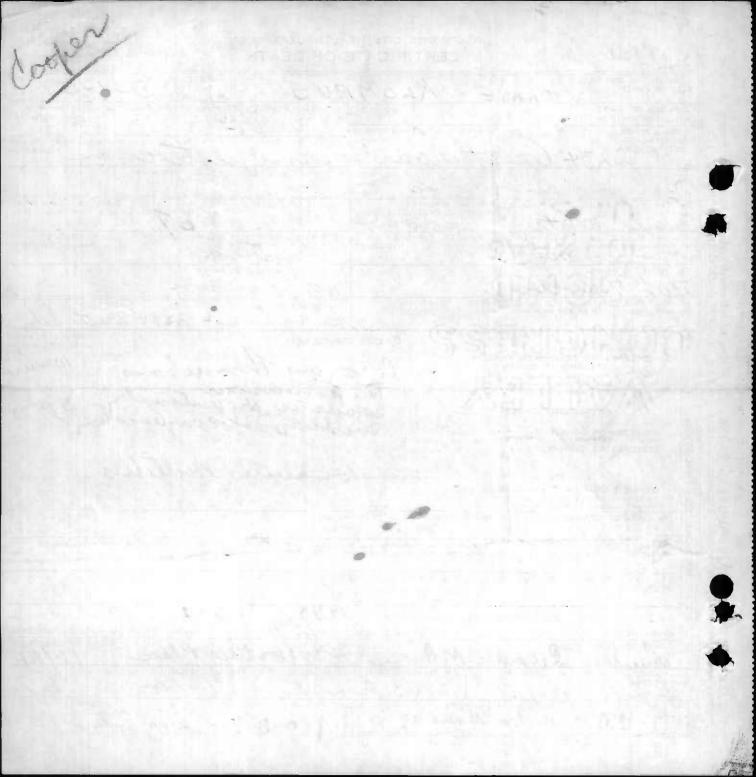
WHAT COUNTRY?

before admission)

township)







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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1991 Registered No.

| | 1. (Ty | NAME OF DECEASED MIL | WIE HAIM | OVITZ | 2. DATE OF DEATH | 1-51 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|----------------------------------------------|--------------------------|---------------------------------------|-------------------------------------------------|
| | | PLACE OF DEATH: Baltimore City, Maryland | | 4. USUAL RESIDENCE | | institution: residence before admission) |
| | B. I | FULL NAME OF (If not in hosp) | tal or institution, give street addr | | | |
| | IN | SPITAL OR STITUTION | 1/- | 101. While De | | township) |
| . | - | 10 2427 Ma | Kevrew W | 1 William | | 201 |
| | | | | Yrs. O. STREET ADDRESS | . / | 10000 |
| | | Length of stay in Baltimore | 40 | Days 242/ Lus | Levrens | |
| | 37 | SEX 6. COLOR OF RACE | 7. SINGLE, MARRIED. WIDOWED, DIVORCED (\$ | pecify) 8. DATE OF BIRTH | 9. AGE (In years Horizontal Mor | Under 1 Year Il Under 24 Hours hours Min. |
| | 70 | mole white | married | 7 | 08 | |
| | | done during most of working life, even fretired | | STRY | | 12. CITIZEN OF WHAT COUNTRY? |
| | 05 | muse wife | | 10man | 1 | |
| | 13 | FATHER'S NAME | | 14. MOTHER'S MAIDEN N | IAME | |
| | 1 | week | | Reveren | 2 | |
| A | (Yes | . WAS DECEASED EVER IN U. S. ARME , no or unknown) (If yee, give war or dat | D FORCES? 16. SOCIAL SECURITY N | NO. 17 INFORMANT | · · · · · · · · · · · · · · · · · · · | DDRESS |
| | | | | Hannel Ha | movets - | /rame |
| | | 18. 420.1. | CAU | ISE OF DEATH | . 1 | INTERVAL BETWEEN |
| | | DISEASE OR CONDITION | | O mong son Thom | moradis | 36 Ta |
| | | (This does not mean the mode | of dying, e. g., (A) | 20 4 0 4 0 0 0 0 1 | 7.0 40 007 | 30 1000 |
| | | heart failure, asthenia, etc. It me injury or complication which | | | | |
| | | ANTECEDENT CAU | iere (| Oronans Th | rombosis | 6 neans |
| | Z | ANTECEDENT CAC | (B) | | | |
| | NOL | DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A | | 1. me tersion | and | |
| | CAT | UNDERLYING CONDITION L | AST. | and the second | 4 5 | 12.1100 |
| | L | | (C) C | bronic myoc | arditis | ryears |
| TOTHER SIGNIFICANT CONDITIONS CON- H TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | | |
| | | | | | | |
| 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? | | |
| | CAI | | | | | YES NO |
| | ō | 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) | about home, farm, factory, street, office | | (If in Baltimore City, g | give exact location) |
| 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from ang 1938, to 1 March, 1951, that I last so | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | I, that I last saw the | |
| 4 | | deceased alive on Mar - 1 | _, 1951 and that death | | | he date stated above. |
| 2 | | 23A. SIGNATURE | - 11/5 | 238. ADDRESS | 0 | 23C. DATE SIGNED |
| | | Louis | 2. Wice M. | | auc | 1 mar. 51 |
| 3 | 24 TIC | NA. JURIAL, CREMA- 248. DATE | 24C NAME OF CE | METERY OF CREMATORY 240. | LOCATION (City, town, | or eounty) (State) |
| 3 | | Surval 3-2- | 01 annea | Keprew | 10 uero | pur |
| 110 | | ATE RECEIVED BY REGISTRAN | R'S SIGNATURE | 25. FUNERAL DIRECTOR | a0 | ACDRESS DO |
| , | | MAR 1 = 1351 | ton Milliamston | Otall Sewer | THE 21001 | mour / |
| | | VS 150 | | | | 025 |

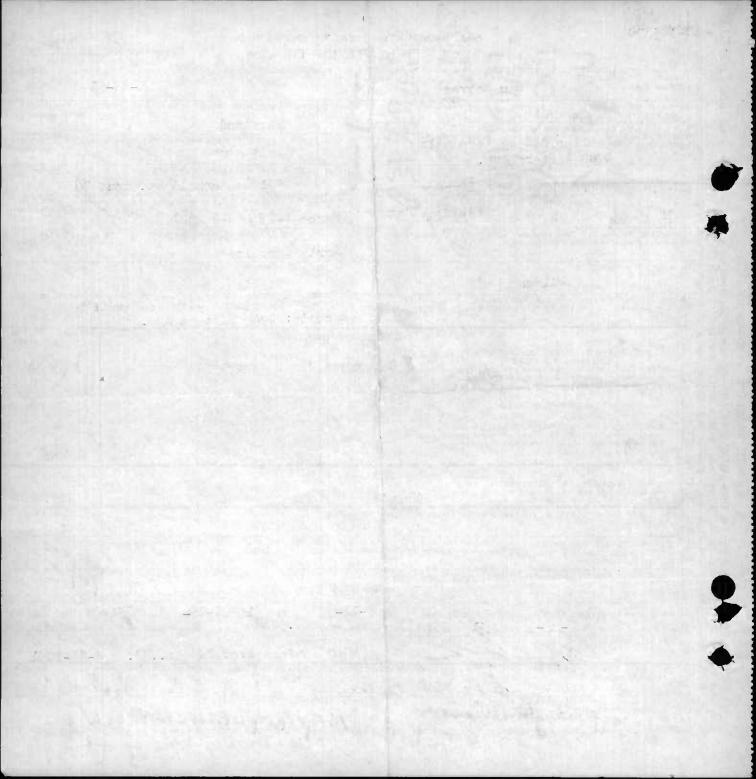
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| 51 | 1992 |
| 8IRT | H NO. |

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1992

| _ | | | | | | |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------|--|--|
| | NAME OF DECEASED Type or Print) | Sam Reeves | 2. DATE OF 2-25- DEATH | -51 | | |
| A. | . PLACE OF DEATH: Baltimore City, Maryland | SILVIN FILLS | 4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY | stitution: residence before admission) | | |
| B. | | ital or institution, give street address or location) | | -01- | | |
| 11/ | ASTITUTION DALLIMORE U | ity nospitals | c. CITY OR TOWN (If outside corporate limits, Baltimore | township) | | |
| - | 4740 Baster | Yrs. | o. STREET ADDRESS (If rural, give location) | | | |
| c. | Length of stay in Baltimore | 15yrs Mos. | 901 Leadenhall St. zor | | | |
| 5. | . SEX 6. COLOR OR RACE | | 8. DATE OF BIRTH 9. AGE (in years lass birthday) Month | nder I Year II Under 24 Hours | | |
| | M | WIDOWED, DIVORCED (Specify) | march 17700 301 | Unis Days Hours Min. | | |
| wor! | OA. USUAL OCCUPATION (Give kind k done during most of working life, even if retired | 108, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) North Carolina | 2. CITIZEN OF WHAT COUNTRY? | | |
| 13 | B. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | | |
| | Wilson | 1 | Millie | | | |
| 15 (Ye | 5. WAS DECEASED EVER IN U.S. ARM ma, no or unknown) (If yes, give war or da | ED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORM DE L'IMPORTE City Hospite Records: 4940 Eastern Ave. | Press | | |
| | 18. 5 AR 1 X | CALISE | OF DEATH | INTERVAL BETWEEN | | |
| | DISEASE OR CONDITION | ONSET AND OEATH | | | | |
| | (This does not mean the mode | of dying, e.g., (A) Cavery | nous Sinus Thrombosis | 3 Weeks | | |
| | heart failure, asthenia, etc. It me injury or complication which | eans the disease. | | | | |
| | ANTECEDENT CAL | SSES | | | | |
| Z | DISEASES OR CONDITIONS, | (B) | | | | |
| RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. | | | | | | |
| RTIFICATION | | (C) | | | | |
| TIF | OTHER SIGNIFICANT CONE | OLTIONIS CON | | | | |
| CER | TRIBUTING TO THE OEATH, BUT | T NOT RELATED TT. | | 3 Wks. | | |
| _ | | 198. MAJOR FINDINGS OF OPER | RATION | 2C. AUTOPSY? | | |
| CAL | | YES X NO | | | | |
| MEDIC | 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., | in or 21C. WHERE DID (If in Baltimore City, girotc.) INJURY OCCUR? | ve exact location) | | |
| 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | | | | | | |
| | | m. WHILE AT NOT WHILE AT WORK | | | | |
| | 22. I hereby certify that I attended the deceased from 2-11- ,19 51 to 2-25- ,19 51 that I last saw | | | | | |
| | deceased alive on 2-25-, 1951. and that death occurred at 9.30 m., from the causes and on the date stated abo | | | | | |
| | 23A, SIGNATURE | | 23B. ADDRESS | 23c. DATE SIGNED | | |
| 24 | 4A. BURIAL, CREMA- ON, REMOVAL (Specify) | 24c. NAME OF CEMETE | | 2-28-1951 r county) (State) | | |
| TIC | | - 51 met Coole | A A Co Du | | | |
| D | ATE RECEIVED BY A DECICEDAR | | 25. FUNERAL DIRECTOR | ADDRESS | | |
| N | AR 1 - 195 | in Holliams Mills | ISA, IAHALBROWN. SI | o N | | |
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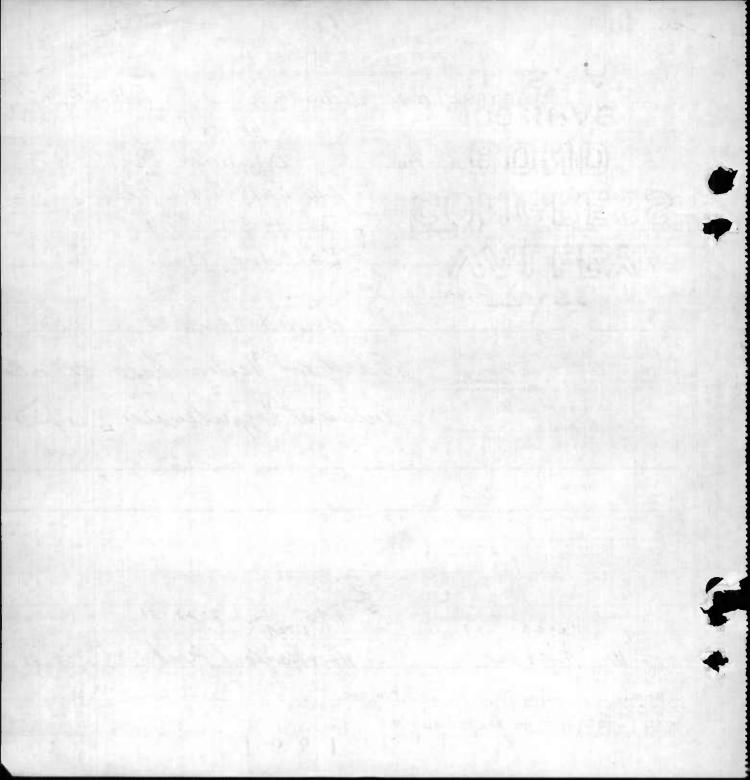
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1993

| В | BIRTH NO. | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|--|
| T. | | UIG 2. DATE OF DEATH FEE | 328,1951 | | | |
| B. H | PLACE OF DEATH: Baltimore City, Maryland OPTS MOSPITE FULL NAME OF (If not in hospital or institution, give street address of COSPITAL OR Location Including Company (If not in hospital or institution, give street address of COSPITAL OR LOCATION) | 4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY | before admission) | | | |
| 1 | Yrs. Mos. | DI DEG 130 1 AMAG | - 2 | | | |
| | Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Specific Specific Stay LE) | 8. DATE OF BIRTH 9. AGE (In years) 1 Und | et 1 Year H Under 24 Hours B Days Hours Min. | | | |
| worl | A. USUAL OCCUPATION (Givekind of Lobert Mind of Lob | Mexico 1 | CITIZEN OF WHAT COUNTRY | | | |
| | WAS DECEASED EVER IN U. S. ARMED FORCEST 16, SOCIAL | Hencloler Layes | | | | |
| (Ye | WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yes, give wer or dates of service) SECURITY NO. | 17 INFORMANT 10HKS HOPEINS HOSPITE | RESS | | | |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (Å) | of DEATH astatic Lemangio - end- | INTERVAL BETWEEN ONSET AND DEATH | | | |
| NO | DISEASES OR CONDITIONS, IF ANY, GIVING | vangiona, M. leg | 12 915. | | | |
| RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. | | | | | | |
| CERT | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | |
| AL | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE | ERATION | YES NO | | | |
| EDIC | 21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g. about home, farm, factory, atreet, office bidg | | e exact location) | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK | | | | | | |
| | 22. I hereby certify that I attended the deceased from deceased alive on 3-28, 1951, and hat death occ | urred at 2/2 m., from the causes and on the | | | | |
| | 23A. SIGNATURE Met Marie M. D. | MAN I LOLVING MAGILLET | 23c. PATE SHENED | | | |
| TI A | AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETON, REMOVAL (Specify) MAN - /- S/ ATE RECEIVED BY REGISTRAR'S SIGNATURE | TERY OR CHEMATORY 24b. LOCATION (City, town, or Williams Mefico City, town, or 25. FUNERAL DIRECTOR | Mefico DDRESS | | | |
| | OCAL REGISTRAR | Eagl at Conton | | | | |
| | VS 150 | 403-8-25-4 St | 470 | | | |

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH fully supplied. The 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH ARGARE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: fesidence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write ALAL and give C. CITY OR TOWN INSTITUTION LIMORE Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF 9. AGE (In years if Under I Year Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle HOME LLIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or ueknown) (If yes, give war or dates of service) SECURITY NO Jo 18. item ne cau 33 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO FADING UNDERLYING CONDITION LAST. UNFADING Physicians: (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 218. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 1945 , 19 to 2 - 28 . 5 , 19 , that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 2-26-, 1951, and that death occurred at 1:20 Am., from the causes and on the date stated above, 23A, SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Burial IMORE DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR 5305 VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied. acoR9 7 eLL INGER NGER SR. DEATH TCb. 28, 1951

4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limi INSTITUTION altimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 3008 Kuck Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) While Widowed 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY information s of death cle KeTiclerK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TNOREW un/sdorler CLLINGEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO Jo -09-3001A BI item 422. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES INK. CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ADING UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN (C) ... 正 ERTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION CA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or) 21c. WHERE DID 21A. ACCIE IT WAS UNDER. ō about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 28, 195 That I last saw the 1000 1 . 19.50 to 22. I hereby certify that I attended the deceased from . 19.5% and that death occurred at & A deceased alive on 2/28 m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 510 24A. BURIAL, AREMA-TION, REMOVAL Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county) Duria DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

LOCAL REGISTRAR

VS 150

ADDRESS

5305

23c. DATE SIGNED

before admission)

township

H Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

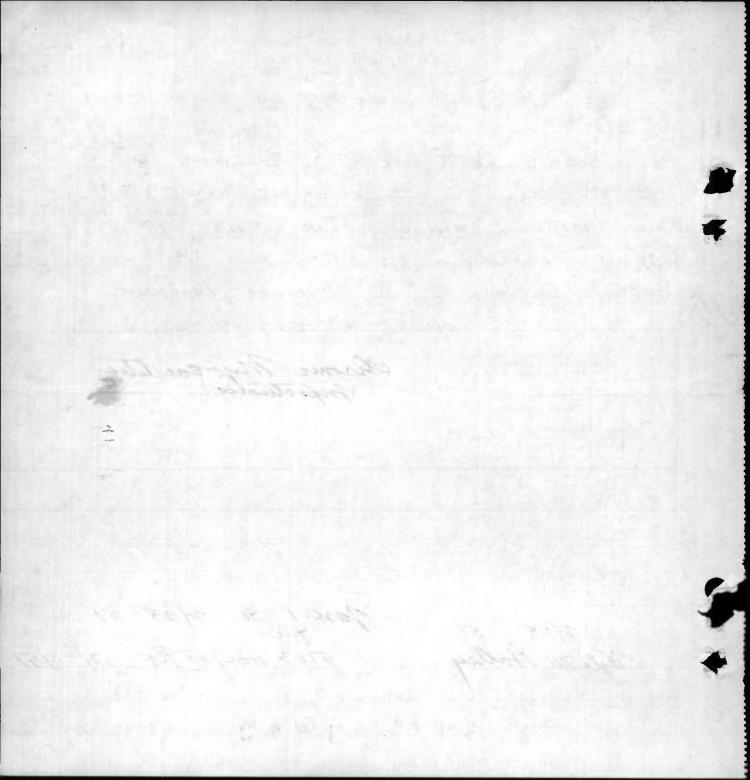
YES

write RULAL and give

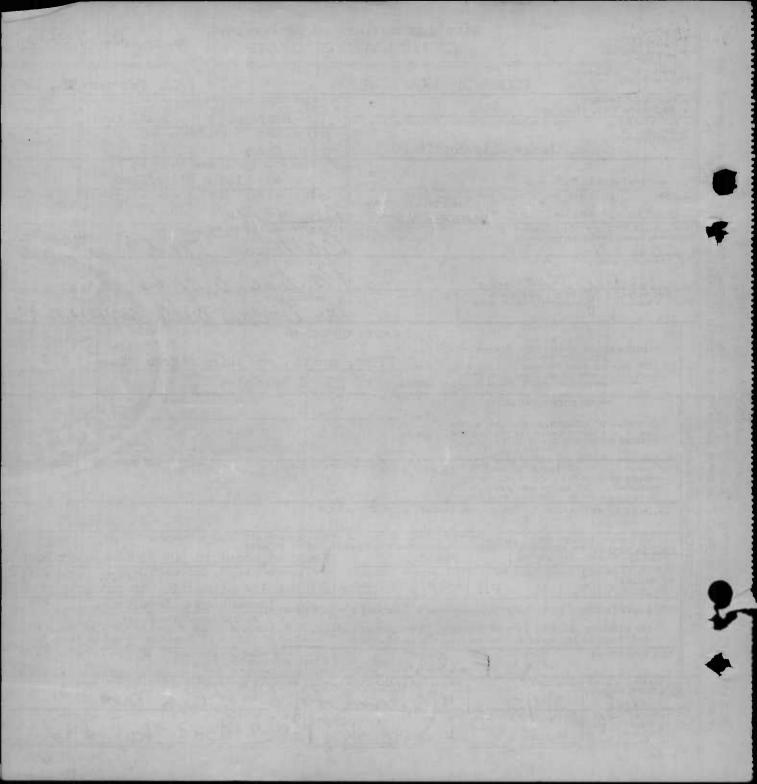
If Under 1 Year

ADDRESS

12. CITIZEN OF



| The | | FGO BALTIMORE CITY HE CERTIFICATE | | Registered No. 1935 |
|------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| | (7 | NAME OF DECEASED (Type or Print) ELIZABETH A. MILI | ER | of DEATH February 28, 1951 |
| fully supplied. | Α | PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Int in hospital or institution, give street address or | 4. USUAL RESIDENCE (W) A. STATE Maryland | nere deceased lived. If institution : residence B. COUNTY before admission Baltimore |
| ly su | H | OSPITAL OR NSTITUTION Baltimore City Hospital | C. CITY OR TOWN (If o | utside corporate limits, write RURAL and giv township |
| full egibly. | | Yrs. Mos. | ESSEX o. STREET ADDRESS (If re | |
| be leg | - | Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | | 9. AGE (In years 16 thour 14 Under 24 Hours |
| d B | 10 | Female White marked OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR | Mov. 4-1901 | last birthday) Months Days Hours Min. 49 eign country) 12. CITIZEN OF |
| n sh | MOI | rk done during most of working life, even if retired) INDUSTRY | Baltimore | Md WHAT COUNTRY |
| r natio | 1. | Jenny Ragaman | 14. MOTHER'S MAIDEN NAI | ME A hand |
| BINDING of information uses of death cle | 1! (Ye | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS OF |
| R BI | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DETACT | of DEATH | INTERVAL BETWEET ONSET AND DEATH |
| 日本 | | heart failure, asthenia etc. It means the disease | second, and third 75% of body area | uegree burns |
| RESERVED INK. Ever please write | 7 | ANTECEDENT CAUSES | | |
| N RESEING INK. | CATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. | | |
| MARGIN UNFADING Physicians: | ERTIFIC | II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATEO TO THE DISEASE OR CONDITION CAUSING IT. | | |
| H | LO | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA | | 20. AUTOPSY? |
| Y, WITH mportant. | DICA | 21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., et | | in Baltimore City, give exact location) |
| T, mpo | ME | 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE | D 21F. HOW DID INJURY | to 509 Middle River Road occur? Clothing became ig- |
| | - | February 27, 1951 P.m. WHILE AT NOT WHILE AT WORK 22. I certify that I took charge of the remains described a | | empting to put out brush on & Inquiry thereon and troop |
| S es m | | the evidence obtained by said Autopsy, Inspection or In and death in my opinion resulted from: natural causes | Autopsy, In quiry, find that said dec | spection or Inquiry eased died on the day stated above \exists , homicide \Box , undetermined \Box . |
| - | | 23A. SIGNATURE RS Eisher M. | 238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATO | (AMINER |
| PLEASE correct ag | TI | BURIAL, CREMA 24B, DATE 24C, NAME OF CEMETER 24C, N | Pole 240. CO | CATION (City, town, or county) (State) |
| PL | D. | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR | 005 Harry Rd. |
| H | V | S 151 A-948 | 1 | 01810 |



51 1997

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and write the causes of death clearly and write the causes.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

51. 1997

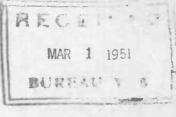
2411 N. Charles Sueet, Daitimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

| 1. PLACE OF DEAT | LH. | | 2. USUAL RESIDENCE | (HOME) OF DECEASE | D. COUNTY |
|-------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------|----------------------------|----------------------------------------|
| COUNTYBalt | imore | MARYLAND | STATE Id. | | 1/ |
| CITY (If outside OR gir actro | corporate limits, write RUR | AL and LENGTH OF STAY (in this place) | OR Baltim | ore limits, write RURAL | Land give nearest town) |
| HOSPITAL OR | Hoods Name. | ing Home | STREET | (If rural, give loo | eatton) |
| INSTITUTION OF | ess 5313 Edmond | Ison Ave. | ADDRESS 5209 | Mdmondson A | lve. |
| 3. NAME OF DECEASED | Alice Blan | (Middle) | (Last) | 4. DATE (Moor OF DEATH Feb | |
| (Type or Print) 5. SEX | 1 6. COLOR OR RACE | 1 7. SINGLE, MARRIED. | 1 8. DATE OF BIRTH | | If under 1 year If under 24 hr |
| Female | White | WIDOWED DIVORCED, (Specify) IOOW | May 6,1870 | 80 yrs. | Months Days Hours Min. |
| Hone during most of | PATION (Give kind of work working life, even if retired) | Industry Home | Md • | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NA | me Given | | 14. MOTHER'S MAIDEN | N NAME | |
| 15. WAS DECRASED I | EVER IN U.S. ARMED FORCES | 17 16. SOCIAL SECURITY NO. | 17. INFORMANT AND | ADDRESS | |
| (Yes, no, or unknown |) (If yes, give war or dates service) | 01 | ol. Wm. H. T | riplett.520 | 9 Edmondson A |
| / | | 18. MEDICAL CE | | | |
| T DISEASED OF | CONDITIONS DIRECTLY | LEADING TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
| 1. DISERSES OR C | | | 1.1 | | 7 |
| Immedia | ite cause (a) | Carcinoma | leterus | | ************************************** |
| Antecede | ent cause(s) | | | | |
| | r conditions, if any, (b) | *************************************** | ************************************** | | |
| | underlying cause last | | | | |
| | (e) | | | | |
| Conditions contril | FICANT CONDITIONS huting to the death hut not ease or condition causing dea | the arterio seles | s Lie Cardis va | ocular Dras | ese ? |
| | | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| | - 0 4 | | | | Yes No E |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) PLA OF INJ | CE (Home, farm, factory, street, office bldg., etc.) | (CITY OR | TOWN) (C | OUNTY) (STATE) |
| TIME (Month) | (Day) (Year) (Hour) | INJURY OCCURRED | HOW DID INJURY OF | CCUR? | |
| OF INJURY | m, | While at Not While Work | COST CALL | | |
| 22. I hereby cer | tify that I attended th | e deceased from Oct 3. | | | |
| alive on Ten | | nd that death occurred at | m., from the | e causes and on the | date stated above. DATE SIGNED |
| Cores | efor they | ms 1 | 3 26 W Los | ubard Is | Feb 26 - 195. |
| 23. BURIAL, CREE BUILD AL (Sp. | MATION DATE THERE | | CRY OR CREMATORY | Pikesville | |
| DATE REC'D BY | | SIGNATURE | 24 FUNERAL DIRECT | OR-Lacky | ADDRESS |
| REG. 2-27 | 51 7/E. | Harry - | Harry H. le | interest 101 | Edmondson Av |
| MAR 1 - 19! | 51 marie of | Milliams, M. | | 0 | 48B |

Hr. Pretling 1326W. Lowbard St.



| LY, I | WITH | UNFADING | INK. | Every item of information start the fully supplied. The |
|----------|-------|---------------|--------|----------------------------------------------------------------------------|
| mportant | tant. | Physicians: I | please | mportant. Physicians: please write the causes of death clear, and legibly. |
| | | | | |

51 1998 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF Hannah K. Sheffler DEATH Mar. 1.1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased fived, If institution : residence Baltimore A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR iocation) C. CITY OR TOWN (If outside corporate limits, write HUKAL and give INSTITUTION 3706 township The Mount Nursing Home, Nortonia Ave Baltimore Maryland D. STREET ADDRESS (If rural, give location) 60 Yrs. Mos. c. Length of stay in Baltimore 20 days 3706 Nortonia Rd. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under | Year If Under 24 Hours iast birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female White Jan 12,1873 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Lithuania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Kamin Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? TO ADDRESS OF BILL 16 SOCIAL 17. INFORMANT (Yee, no or unknown) (if yes, give war or dates of service) SECURITY NO. Fay St Rose Sheffler 328 Marvland no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK dell. 71 . 195/ to_ 22. I hereby certify that I attended the deceased from___ _ 196 L, that I last saw the deceased alive on Red 18 1951, and that death occurred at 2.30 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CREMA-24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

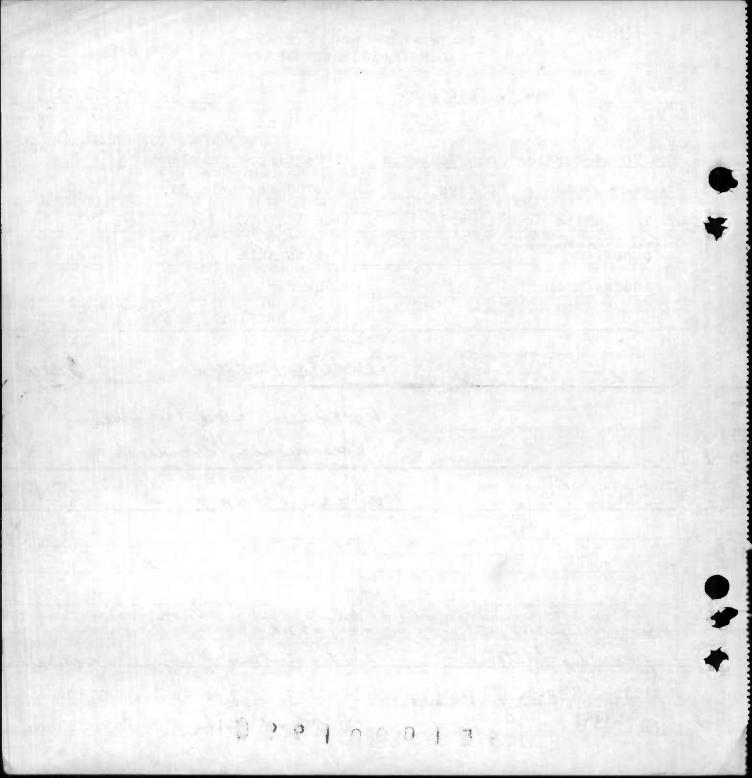
TION, REMOVAL (Specify) Burial

Mar 4.1951 Whast View Cemetery

REGISTANT STIGNATURE HE DATE RECEIVED BY. LOCAL REGISTRAP

5. FUNERAL DIRECTOR

Cumberland Marvland ADDRESS



| | 51. 1999 BALTIMORE CITY HEALTH DEPARTMENT 51. 1999 CERTIFICATE OF DEATH Registered No. | | | | | | | |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------|---------------|------------------------------------|-----------------------|---------------------------------|---------------------------------------------------------|
| | 1. NAME OF DECEASED (Type or Print) S. PLACE OF DEATH: 1. NAME OF DECEASED (CLINTON GREEN 1. DATE OF DEATH OF 3-1-SI DEATH OF DEATH | | | | | | | |
| | a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or | | | | | | | |
| | | SPITAL OR | MEMORIA | | location) | | | nits, write RURAL and giv township |
| ICE INI | 4. | Length of s | stay in Baltimore | | Yrs. Mos. Days | RED # | | 203 |
| and | 5. | SEX | 6. COLOR OR RACE | WIDOWI | MARRIED, ED, DIVORCED (Specify) | APR. 30. 18 | 9. AG5 (in years last birthday) | If Under 1 Year If Under 24 Hours Months Days Hours Min |
| כזבי | work | done dung most | CCUPATION (Give kind of or corking life, even if retired) | 108, KIND | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State | or foreign country) | 12. CITIZEN OF |
| nearm | 13 | ANDR | EN KEL | TON | GREEN | MARTHA | FUEN | WHEFLE |
| TO 62 | 15 (Yes | . WAS DECEAS , no or unknown) | ED EVER IN U. S. ARMEI | FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| witte circ caus | CAUSE OF DEATH | | | | | | | INTERVAL BETWEE |
| iiis. picase | RTIFICATION | RISE TO T | ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA | F ANY, GIVING | | | | |
| ny sacre | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | | | |
| | AL C | 19A. DATE (| | 98. MAJOR | FINDINGS OF OPER | and he | | 20. AUTOPSY? |
| por car | EDIC | | ENT WAS UNDER- | 218. PLAC | CE OF RIJURY (e. g., i | n or 21c. WHERE DID | (If in Baltimore City, | give exact location) |
| | 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from 32b 33, 195, to Morch 1, 195), that I last saw the deceased alive on March 1, 1951, and that death occurred at 12:25am., from the causes and on the date stated above | | | | | | | |
| | | | | | | | | |
| 201 | | 23A. SIGNA | | laar | | 234 ADDRESS Men | Log. | 23c. DATE SIGNED |
| 8 | 24 TIC | A. BURIAL. | CREMA- 24B. DATE | 2. | 4C. NAME OF CEMETE | RY OR CREMATORY 24 | D. LOCATION (City, town | n, or county) (State) |
| 201100 | DA | TE RECEIVE CAL REGIST | | S SIGNATUR | dismonth. | 25. FUNERAL DIRECT | Drew, Miss | ADDRESS |
| | _ | VS 150 | 1951 | * / 5 | 25099 | A TOP S | 2 Malto | 1210 |
| | | | | | 3- 1/ | | / | 2412 |

Jessiel Loty 15 a Maria 6 006100011

| 11 \$ | n-254 | 51 200 | | | | | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|--|--|--|--|--|
| - | 51 2010 BALTIMORE CITY HI | EALTH DEPARTMENT | | | | | | |
| В | BIRTH NO. CERTIFICATE OF DEATH Registered No. | | | | | | | |
| | 1. NAME OF DECEASED (Type or Print) Thomas McNeal 2. DATE OF DEATH Feb 28, 1951 | | | | | | | |
| | 3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution, residence a. STATE B. COUNTY before admission | | | | | | | |
| H | FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION Uh (on Memorial Hospital | | | | | | | |
| | Yrs. Mos. | D. STREET ADDRESS (If rural, give location) | | | | | | |
| | Length of stay in Baltimore Days | | | | | | | |
| | M White Sons Le | Dec. 9, 1950 2 19 | | | | | | |
| wor | DA. USUAL OCCUPATION (Give kind of a doee during most of worklog life, even if retired) INDUSTRY | 11. BIRTHPLACE (State or foreign country) Mary (and., 12. CITIZEN OF WHAT COUNTRY? | | | | | | |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | |
| | Andrew J. Me Neal | Leny Agnes Sebra | | | | | | |
| (Y | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (a. no or uoknowo) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS | | | | | | |
| IFICATION | OTHER SIGNIFICANT CONDITIONS CON- | | | | | | | |
| , П | | | | | | | | |
| | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? | | | | | | | |
| N N | | | | | | | | |
| | 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? | | | | | | | |
| | | | | | | | | |
| | 22. I hereby certify that I attended the deceased from Feb. 15, 1951, to Feb. 28, 1951 that I last saw t | | | | | | | |
| | deceased alive on Flb 25, and that death occurred at Sies Pm., from the causes and on the date stated about | | | | | | | |
| | 23A. SIGNATURE | 238. ADDRESS 23c. DATE SIGNE | | | | | | |
| 2 | M. D. [24A. BURIAL, CREMA-] 24B. DATE 24C. NAME OF CEMETE 24C. NAME OF CEMETE | | | | | | | |
| 1 | Brusial March 2/1961 St Draws | Xarrier St Yyours's Osland | | | | | | |
| | ATE RECEIVED BY REGISTRAR'S SIGNATURE | 26. FUNERAL DIRECTOR ADDRESS | | | | | | |
| | MAR 2-1951 Similar Milliams, M | Me Matterialy Learney town the | | | | | | |
| | VS 150 | 157E | | | | | | |

